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ABSTRACT

Presented is the final report of the Day Care and Child Development Council of America's Georgia Outreach Project, a home-based program of services for welfare families with children up to 6-years-old. The home-based service delivery design is described in terms of advantages over agency-oriented service delivery systems; the roles of staff members (home visitors, district supervisors, project director, and early childhood specialist); the goals for the children, parents, and communities involved in the project; and the demonstration component. Discussed are the geographical setting of the project, family profiles, the primary caregiver, project participation, families' financial status, housing facilities, and family assessments. The five major areas of project concern are noted as child development, home management and parenting, health and nutrition, physical environment, and community relationship. Five case studies are provided to illustrate the variety of families and home visitor styles of service delivery. Responses to a parent evaluation questionnaire are outlined, and some items are briefly analyzed. In a summary evaluation, the outreach model is seen as a viable alternative for providing services to young children and their parents. Also included are sample forms (such as the contact and meeting report form) and tables illustrating statistics (including the frequency of home visits). (SB)

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HOME-BASED FAMILY SERVICES

Report of The Georgia Outreach Project

By

Muriel Hamilton

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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INTRODUCTION

The care and early education of young children has been a major public issue during the past decade in this country. Social agencies, educators, government bodies, community action groups and parents of all social, racial and economic backgrounds have tried to identify how to provide the "best" early living-learning experiences for their children – experiences which will pave the way for healthy intellectual, physical, social and emotional development.

A well-publicized and often very successful method of improving a young child's chances for sound growth and future success has been the day care or nursery school experience. Structured, well-staffed and well-equipped day care programs have existed for several decades in communities across the country. These programs have helped to meet parents' needs for a safe, supervised place for their children while they worked or furthered their education, and they have helped to meet children's needs for a stimulating educational environment to lay the foundation for their school years.

During the past five years, a new method of assisting families to enhance the early growth and development of their children has taken shape. That method is the home-based program which brings services to families in their own homes rather than enrolling children in programs offered outside the home. A home-based approach to child care focuses on a child's total environment in order to insure his or her intellectual, physical, social and emotional health. It is based on the belief that children learn first and foremost from their families and other significant persons with whom they have daily contact. It also seeks to meet the needs of parents, who can then do a better job of meeting the needs of their own children.

The Georgia Outreach Project of the Day Care and Child Development Council of America used a home-based approach for its delivery of services to families and children living in 13 counties of northern Georgia. The Outreach Project was a two-year demonstration program, begun in August of 1973, as part of the Appalachian Child Care Projects (ACCP). It was sponsored by the State of Georgia's Department of Human Resources and funded by the Appalachian Regional Commission and HEW Title IV-A. Its primary goal was to support and strengthen families to more adequately provide positive living and learning experiences for their young children.

In order to stimulate better life chances for children, the Outreach Project helped families to improve their health, nutrition, housing conditions, emotional well-being, social and interpersonal interactions and ability to seek out and use services provided by public and private agencies of the community.

This publication is the final report of the Project. It outlines the findings and experiences of the Project over the two years of operation. Although the Outreach Project was carried out in 13 rural Georgia counties, it is hoped that its experiences and findings will be of help to others operating or planning similar programs across the country.

The Georgia Outreach Project has shown that home-based child development and family support services are a viable and feasible alternative to

traditional early learning and social services. The benefits of this model's design, coupled with a dedicated staff who are well trained and energetic, make a unique combination for high quality assistance to families of young children. This approach can well be incorporated into a broad service delivery system in conjunction with day care centers, family day care homes, general welfare support and counseling, service referrals, medical screening and parent education. Or it can be developed as a separate program with specific goals of early childhood education and parenting training. Outreach services may prove especially useful in rural areas, where transportation for bringing families or children together for programs is difficult, and in communities where there are large numbers of caregivers who are not employed or simply prefer to have early learning experiences for their young children occur at home rather than in outside programs.

On completion of the Georgia Outreach Project in May, 1975, work which was begun as a demonstration will continue as an integral part of several ongoing services agencies in the 13 counties of northern Georgia. Although perhaps not identical in form or operations, the new work will build on the strengths and learn from the weaknesses of the old. Most of the home visitors of the Outreach Project will continue their work under the new administrative structures. The families being served will remain basically the same.

The Outreach Project has touched the lives of over 200 families. It is hoped that their lives have benefitted from that involvement in some way. Future program planning by agencies concerned with the strength and well-being of young children and families must provide sensitive and comprehensive services in all the areas which have been included in this Project if they are to fully meet the needs of the community.

Calvin R. Cline, Director
Georgia Outreach Project

BACKGROUND

The Georgia Outreach Project was an integral part of the broad efforts of the Appalachian Child Care Projects to bring social and educational services to the 35 counties in Georgia which are classified as part of Appalachia. The ACCP included several major program components, all coordinated to maximize the impact on various needs of young children in the 35 counties.

One of the components was Day Care, a network of 36 full-time preschool day care centers and 27 part-day programs. Approximately 2,000 children were enrolled in these centers, receiving education, nutrition, health screening and social services on a daily basis. Another component was the Young Families Program, in which teenage parents received medical assistance, parenting education and counseling. Over 150 young mothers and fathers have participated in this effort to promote successful pregnancies and early parenting experiences for an often-ignored group of families.

The ACCP also sponsored a VISTA (Volunteers in Service to America) program, which played an active part in the overall effort through community development and services to young children through part-time cooperative preschool programs.

Outreach was for families whose adult members were not employed, and provided at-home child development, home management, health and nutrition services. Outreach workers offered direct assistance to parents and young children through periodic home visits and a variety of other specific services.

The Georgia Department of Human Resources contracted with the Day Care and Child Development Council to carry out one of the three outreach programs included in the overall ACCP design. In 13 of the target counties, the Georgia Outreach Project has sought "to facilitate and demonstrate a positive change in the lives of 200 families and their children through child-rearing practices, health, nutrition and overall enrichment of the home environment."

The need for such services stems from several realities: 1) the counties included in the service area are some of the poorest in Georgia, if not the entire country; 2) low-income families living in this area face multiple problems of poverty, isolation, ill health and poor nutrition, powerlessness and a general neglect by traditional social services; and 3) the young children of these families face considerable barriers to healthy development, whether physical, emotional, social or intellectual, during their most formative years.

The Day Care and Child Development Council sponsored the Georgia Outreach Project as one of many facets of its nationwide thrust toward improved services for young children. The Council, a non-profit membership organization located in Washington, D. C., acts as an advocate for the rights of all children and provides technical assistance to groups throughout the country who are working for the enhancement of the lives of the very young. On the belief that high quality child care services are the right of every child, every parent and every community, the Council works through public education, social action and assistance to communities to develop locally controlled child care services.

The descriptive report on the following pages presents the general design of the Project, details on various aspects of staff operations, several illustrative case studies, parent evaluations of their participation in the Project, and an overall evaluation of the Project's success at meeting its stated goals. It should be pointed out that the Outreach Project was created as a service-delivery demonstration, not as a research design. This final report is therefore primarily one of documentation and narrative description rather than statistical analysis. Project sponsors hope that by sharing this information and general evaluation with other advocates of young children, the lessons learned during the Project's period of operation will shed new light on how meaningful family services can be delivered to truly enhance the lives of all children.

PROJECT DESIGN

Outreach as a Service Delivery System

The design of the Georgia Outreach Project was shaped around the broad goal of facilitating positive family environments by addressing both the child-rearing and home management aspects of those environments. To accomplish this goal, the Project employed a service delivery system based on in-home education and counseling, direct interaction between project staff, parents and children, and the utilization of existing community services as part of the total assistance package. This approach to family services has a number of important advantages over more traditional, agency-oriented service delivery systems:

1. Services to each family can be designed with that particular family in mind, taking into consideration the specific unique features and needs of the various family members. In this way, the Project fostered a single-entry style of addressing the needs of the family, which often must cut across the service guidelines of different agencies of the community. Whereas one agency will generally not take responsibility for seeing that a family becomes aware of other agencies, a family-oriented approach makes sure that all needed services are arranged, irrespective of which agency must be contacted.
2. With a focus on children from birth to six years of age, the Outreach Project's in-home approach to child development education and services utilized the child's most natural environment, thus avoiding any dichotomy between home and school (or other educational institution) as basic learning environments. Parents were urged to recognize the importance of the home as a crucial early learning arena and to use everyday experiences in the home as opportunities for profound learning to take place. Parents were also encouraged to see and to strengthen the important teaching role which they play in the lives of their children through daily interactions.
3. A third specific benefit of an in-home design of service delivery is its ability to foster a close and informal working rapport between the parent and the service provider. The primary areas of service addressed by the Project—child development and home management—are considered by most people as personal and private family functions, not to be shared with or influenced by nonmembers of one's immediate family. The outreach approach allows for addressing these family matters without requiring a total loss of privacy on the part of the participants. The informal home setting grants a maximum amount of comfort and sense of trust which are often necessary for getting at the causes and solutions for family concerns.

The Outreach Project design reflected a belief that services to families cannot be segmented into those for children and those for families. Family needs

grow out of composite situations which include all members of that family, are based on a wide variety of influences (emotional, social, financial, physical, etc.) and are in a constant state of change. Family needs can rarely be successfully met through one service agency because of the limited scope of each agency's function, capacity or expertise. Service delivery through the Outreach Project was structured in such a way that families' needs in all areas were addressed by means of a staff structure and an operational strategy which focused on the family as a whole rather than compartmentalized need areas. This functional design can be further defined by a description of the project's staff and the responsibilities of each staff position.

Home Visitors

The home visitor provided the actual service delivery to Project families. Each of the 16 home visitors on staff worked with a group of families to develop and carry out both an early learning curriculum for the young children in the family and a service plan for the parents and the family as a whole. The average number of families served by the home visitor ranged from 12 to 15. A regular home visit schedule was set up with each family, usually on a once-a-week basis, at the mutual convenience of the family and the visitor.

Home visits often focused primarily on a particular learning skill to be taught to the children, such as color identification, small muscle coordination or language development. The curriculum plan and weekly activities were selected on the basis of direct observation of each child, discussion with the parent concerning his or her desires for the child's development, and use of an informal assessment tool designed to describe the general level of the child's cognitive, motor, social-emotional and self-help development. (This assessment tool will be described in more detail in a later section).

Similar to other home-based child development program, the activities presented to the children used a combination of commercial and homemade materials. One of the objectives was to show participating families how simple household items could be used as educational tools. Home visitors therefore made extensive use of juice cans, magazines, cereal boxes, buttons, brightly colored yarn and a number of other everyday items that can be used as educational materials. By integrating these homemade articles with books, table games, puzzles, push-pull toys, paints, clay, balls, bats, wading pools and other commercial equipment, a learning program was designed for the specific needs of each child.

The other primary ingredient of a home visit is the interaction between home visitor and parent. Addressing the needs and improving the home management skills of parents were often interwoven in the work done with children. For example, by observing that a particular child seemed to be unusually shy and nonverbal, the home visitor could include activities during the home visit which not only encouraged the child to verbalize, but also involved the mother, pointing out to her the importance of encouraging the child to talk. Through discussing this matter, the home visitor could help the mother to see her role in developing the child's language capabilities. Such a discussion could

also begin to pinpoint the mother's own shyness or insecurity in relating to other people. As a home visitor identified the general and specific needs of the parent, she was in a position to offer informal assistance through conversation and counseling or through referrals to appropriate service agencies of the community.

Frequently part of a parent's problem is either being unaware of community services which might prove helpful, unable to get to where the services are located, or reluctance to ask for those services because of pride, fear or misunderstanding. The home visitor had to find ways to overcome all of these obstacles. Often a simple referral was not enough; transportation and moral support also had to be provided on many occasions.

The most important aspect of the interaction between home visitor and parent was to stress the extremely significant role which the parent plays in the life and development of her own children and to show her how to actively play that role by combining her own strengths with the supportive services available to her from other people. Thus, the home visitor must be able to act not only as a teacher to the children, but also as a friend and counselor to the parents.

Because of the nature of the Outreach Project and the families it sought to serve, the Project staff was carefully selected. One of the most important criteria was to select home visitors who were residents of the county they would work in. When this was not always possible, persons willing to relocate to the target county for the duration of the Project were selected. This staff selection method reflected the belief that people who were familiar with local conditions, agencies and attitudes could bring a strength to the Project which others could not. Even if not professionally trained in early childhood education or social work, these persons would be best able to relate on a personal level of understanding to the Project families and would take an active part in community affairs in their areas.

The Project staff of 24 was mixed ethnically—six black and eighteen white. There were three men and 21 women. The mix was important in the eastern and western districts, where the Project had a racially mixed group of families to serve. In the northern district less than ten black families were included in the Project and therefore no black staff members were assigned there. The employment of two male home visitors caused some concern at the outset; there was some question as to whether families would accept men in their homes, especially families of unmarried women who were living alone with their children. This apprehension was unfounded in all but one instance—a family whose elderly father would not allow his daughters to participate—and the reception of the men was as warm as that of the women. The men also found that they could enter into the same types of learning activities with the children and counseling activities with the parents as could the female home visitors.

Staff backgrounds varied widely. Of the 16 home visitors, six were less than 30 years old, seven were between 30 and 40, and three were over 40. Six received college degrees and three have completed some graduate work. Four others have completed some undergraduate study. Previous employment experience covered a broad range—camp counselor, teacher, VISTA Volunteer,

nurse's aide, dietitian, social worker, editor of a weekly newspaper, etc. Two home visitors came on the staff after being AFDC recipients themselves. Twelve were natives of the area in which they worked.

Of the five central administrative staff members, two hold master's degrees, one a B.S., and two have not completed college. Three are under 30 years of age. Previous employment has included teaching, day care center director, various supervisory positions and counseling.

District Supervisors

The nature of the Outreach Project's service delivery area required the employment of district supervisors to serve as links between the 16 home visitors located in 13 far-flung counties and the central Project office in Atlanta. Each of the three supervisors was responsible for a cluster of counties in which home visitors were assigned. The district supervisor performed a variety of functions to provide support for each home visitor in that district.

A primary responsibility of the district supervisor was to establish and maintain contact with the county offices in the Department of Family and Children Services (DFACS) in her district. These DFACS offices were important in the overall implementation of the Project design, not only for identifying families who were eligible to participate, but also to assist home visitors and supervisors to get a comprehensive understanding of what human services existed in the county and how to make use of them. The district supervisors also maintained working contact with the various other local agencies such as the health department, civic groups, day care centers and district child care councils which might prove helpful to the work being done by the home visitors of her district.

The role of the supervisor included the function of assisting the home visitors to develop curriculum plans for the families they work with by reviewing the family's previous activities, its particular needs and the overall service plan developed by the home visitor for that family. Often the district supervisor was called upon to assist with specific problems faced by the home visitor in helping a family to meet an emergency need or to face a particularly difficult situation. This assistance might take the form of offering general suggestions for finding a solution, actually participating in action necessary to cope with the situation, or merely providing an understanding ear and a little encouragement in support of the home visitor's decision about how best to solve the problem.

When other agencies were involved in meeting a specific family need, the district supervisor often played the role of liaison to initiate contact with that agency and pave the way for ongoing future contacts by the home visitor.

Each supervisor was responsible for holding regular staff meetings for the home visitors in her district. These meetings served the dual purpose of communication and training. Communication was crucial in order to maintain a joint approach to Project operations, to pass along directives and suggestions from the central office, and to give home visitors a frequent opportunity to ask questions and share concerns about their day-to-day activities. Discussions among home visitors often helped each of them to solve minor problems which

they shared. Staff meetings were important vehicles for giving each staff member a sense of belonging to a group effort in spite of her or his relative isolation from co-workers during most of the week.

The ongoing training responsibility of the district supervisor was met in a variety of ways through regular meetings or special activities. This training included such areas as child growth and development, early childhood education methods, techniques for making use of county health, food stamps, education, welfare and other human services, how to cope with frequently encountered job problems, ways to relate effectively to the parents, report writing, and any other area identified as useful. Guest speakers from other agencies, programs, colleges or private groups within the community were often invited to the training sessions to offer special expertise in a particular topic.

The district supervisor, as the main liaison between the Project director and the home visitor, was responsible for seeing that all necessary reports were submitted and that family files were kept up to date. With the written reports and the frequent direct conversations, the supervisor was able to keep the Project director informed of all aspects of the Project operations in the field.

Project Director and Early Childhood Specialist

General administration of the Outreach Project was the task of the Project director. The director coordinated the functions of all staff members in order to insure that the widely scattered service areas maintained certain common overall approaches and objectives to meet Project goals. He also served as the liaison to state agencies, in particular to the Appalachian Child Care Project, and to city agencies concerned with young children. He was responsible for monitoring the budget and submitting all required reports to ACCP. Because the Project was a part of the overall program of the Day Care and Child Development Council, the Project director served as liaison to the Council's regional and national offices.

To provide programmatic assistance to the district supervisors and the home visitors, the Project's central office staff included an early childhood specialist. Her responsibility was to offer suggestions in terms of curriculum planning, methods and materials for addressing the educational needs of the young children in the Project. Initial staff training was planned and coordinated by the early childhood specialist. She was also responsible for documentation and evaluation of the Project's activities.

Goals of the Project

The Outreach Project proposal identified specific goals in three major categories: goals for children, goals for parents and goals for communities. These three areas represent the composite thrust of the Project design to meet the full needs of the families participating. Each goal was seen as an integral step toward meeting the general objective of improving family environment through influencing home management and childrearing practices.

The following goals, stated in terms of outcomes, were listed in the original Project proposal:

A. Goals for Children

1. Children who have healthy bodies
   a. Children who have been screened in the areas of medical, dental and mental care
   b. Children who have been treated as determined by the screening
   c. Continued care arrangements for those needing it
   d. Children who have completed the recommended immunization program
   e. Children who have made progress toward ideal height and weight norms.
2. Children who have "age-appropriate skills"
   a. Children who have developed cognitive skills (intellectual development, verbal and communication skills) appropriate for their ages
   b. Children who have developed social and emotional skills, particularly in the area of positive self-concept/autonomy, appropriate for their ages
   c. Children who have developed motor skills appropriate for their ages
   d. Children who have developed hygiene and self-help skills appropriate for their ages
   e. Children who have developed their own creative potential appropriate for their ages.
3. Children who live in positive physical environment
   a. Children who have adequate shelter
   b. Children who have adequate clothing
   c. Children who have adequate nutrition
   d. Hazards such as fire, electrical, mechanical, have been removed from child's home.

B. Goals for Parents

1. Parents who practice good childrearing techniques
   a. Parents who have been educated concerning childhood diseases, nutrition, and other health needs of children
   b. Parents who have been educated to the stages of growth in children birth to six years in the areas of motor, cognitive, social, emotional, self-help and creative development
   c. Parents who have been given or loaned in-home resources to aid the development of their children; parents who use these resources

d. Parents who talk with and listen to their children about their experiences and interests

e. Parents who use positive and consistent methods of discipline

f. Parents who show evidence of cherishing children's accomplishments.

2. Parents who assume active participation and responsibility in plans and programs benefiting their children and family

a. Parents who have been informed of existing resources and services and who utilize these resources

b. Parents who have availed themselves of opportunities presented to further their interaction with each other and with their children. (Examples: workshops in parent-child communication, community action.).

3. Parents who create a positive physical home environment

a. Parents who seek to provide adequate shelter, clothing, bedding and nutrition

b. Parents who participate in the assessment of the safety of their homes and proceed to improve it (Examples: fire hazards, broken boards, etc.)

c. Parents who take part in the improvement of the sanitation of their homes.

C. Goals for Communities

1. Coordination and cooperation with other community programs

a. The coordination of outreach services with those offered by other agencies to the families this Project serves

b. The optimal development of cooperation with other agencies about mutual concerns such as health, family services, child care, staff training, etc.

c. Special attention to the matter of being an integral part of the Department of Human Resources area design, in conjunction with the area Network Director, the Department of Family and Children Services, the local health department, and other related agencies such as the Area Planning and Development Commissions.

2. Continuation of the Outreach Program

a. Informing local people and agencies about the Georgia Outreach Project

b. The building of a foundation of local involvement and concern for the continuation of the Outreach Project when the demonstration is completed.

Demonstration Component

A vital part of the overall Project design was to demonstrate the feasibility and value of providing family and children's services by means of a home-based effort of this type. Few programs across the country have used the home as their basic service facility. The Outreach Project therefore seeks to make its activities known to other groups who might also consider using this approach.

In order to share information about the Project, a number of specific methods have been used. The monthly publication of the Day Care and Child Development Council of America, *Voice for Children*, has featured the Project in several of its issues over the past year and a half. Through this newsletter, an audience of approximately 10,000 individuals and agencies has been made aware of the benefits and the problems of home-based services.

Information has also been disseminated about the Project to persons in Georgia through the various meetings and publications of the Appalachian Child Care Project. There has been a large number of child care conferences in Georgia and elsewhere at which displays and written information have been distributed. As the Project completes its second year, a descriptive booklet is being prepared to present in pictures and words what it means to be a home visitor. This publication will serve as a useful training and operational manual for all other groups who include a home-based service component in their programs. There are relatively few materials available about home-based efforts, thus the written articles and Project documentation are valuable to the broad fields of early childhood education and family services. The statistical data gathered for this report, as well as the narrative description of Project functioning, will also be an important contribution to these fields.

PROJECT SETTING

To understand the Georgia Outreach Project, its goals, overall design and operational techniques, one must have a general picture of the setting in which it functioned.

The Project provided services in 13 counties located in the northern part of Georgia, an area defined as part of Appalachia. Although the term "Appalachia" has many different meanings and connotations, some generalizations can be made about the area the Project served.

The southern ridge of the Appalachian mountain chain (officially the Blue Ridge Mountains) cuts across northern Georgia and South Carolina, gradually leveling off into the Piedmont Plateau which surrounds the city of Atlanta and extends into the middle of Georgia and Alabama. Similar to other sectors of the Appalachian area, there are actually two distinct types of geographic and human environments in this 35-county area of Georgia.

There is an actual mountain setting with scattered houses nestled on the mountain slopes and in deep hollows, and an occasional isolated village, often little more than a crossroads where a post office, a gas station, a church and a grocery store function as informal social and business gathering places for people from miles around. Rugged, narrow roads connect the houses to the village centers and the villages to the outside world.

There is also another Appalachian setting of small towns on relatively flat land, towns with populations of several thousand people and with all the features of small towns across the nation. These towns have shady streets of modest frame houses, affluent suburban developments, a bustling downtown section with large department and variety stores, a newspaper office, local and county government offices, busy cafeterias and coffee shops. Often a four-lane state highway and multiple sets of railroad tracks cut through the center of town, connecting it physically and symbolically to other towns nearby.

In many areas of both general settings, the main focus of economic and social life is not the small town or rural hollow itself, but the large city close by, with its jobs, major shopping centers and entertainment opportunities. Such areas are actually "bedroom communities," similar to their more affluent suburban counterparts surrounding all cities in this country. For example, within the Project counties, many of the residents must travel to the industrial sectors of cities like Atlanta, Dalton or Athens to work. The women look forward to weekend shopping trips to the huge shopping malls on the perimeter of Atlanta. Families must often go to the major urban centers for special medical treatment or to take advantage of special training or education programs, and businessmen in the rural areas must maintain contact with larger outlets and financial institutions in the big city. Residents, from school children, to teenagers to the elderly, look forward to occasional trips to Atlanta for a movie, the circus, a concert by a popular singing star or simply to see the "bright lights of the city."

The Outreach Project included families of both types of Appalachia. The six counties north of Atlanta (which the Project designated as the Northern District) are by and large of the very rural type. The seven counties east and west of

Atlanta (called the Eastern District and the Western District) are generally made up of small towns. The Northern District of the Project area included Whitfield, Murray, Gilmer, Fannin, Pickens and Cherokee counties. The population of these counties is overwhelmingly white (in several counties not one black family resides), mostly poor and generally quite isolated from the world beyond their immediate surroundings. This area can be seen as typical of the stereotype image of Appalachia: poor but proud mountain people living close to the land and preferring to keep much of modern society out of their way of life.

The Eastern and Western districts of the Project area included Gwinnett, Barrow, Jackson, Madison, Douglas, Carroll and Heard counties. The landscape is dominated by rolling hills and broad flat plains, with forests of stately pine trees and tangled undergrowth of vines and kudzu along the roads. Most people in these districts live in or on the edge of medium-sized towns, as opposed to the primarily rural environment of the northern counties. Although strictly segregated, both black and white families are a part of these communities, and compared to their northern counterparts, these Georgians are less isolated from the rest of the world. The living environments of the Project families in these counties are not significantly different from families living in rural or semiurban poverty areas of any other state. The families are not generally involved in community affairs, including most social service programs. Thus, in spite of lacking the physical isolation experienced by residents of the northern counties, these families are also isolated in the sense of not participating in the benefits of programs which could be significant in improving their life conditions.

The fact of isolation—either physical or social/political—was perhaps the most significant aspect of the Outreach Project's overall setting. Unlike their more affluent neighbors, Project families are seldom, if ever, able to go to Atlanta or Dalton for an afternoon of shopping and a movie. They are often not even able to take advantage of social, economic or welfare programs in their own rural communities or small towns either because they are unaware of them, lack transportation or feel rejected by program sponsors who are usually of a different socioeconomic or ethnic group. From the outset, Project staff members recognized the deep need of the families they served to somehow become linked into the service delivery system, to know and enjoy their rights, to believe that someone respects them enough as human beings to make sure that they and their children have access to those programs designed to assist citizens to meet personal and family needs.

Family Profiles

As specified by guidelines in the Georgia Appalachian Child Care Project and the Title IV-A program, participation in the Outreach Project was limited to welfare recipient families, with children between the ages of birth to six who were not being served by other child care programs, and whose primary caregiver was not working or enrolled in training. In most cases, the fact of being on welfare in Georgia implies that the family has only one parent present.

During the Project operations, over 275 families were served for some period of time. Family turnover was quite low, although some 50 families

discontinued Project involvement for a variety of reasons. This section offers a profile of the families who participated, some characteristics of their members and of their living conditions. Two hundred and fifty families are included in this description; those not included were either participants for too brief a time or began to recently to have accurate information about. Areas of description include: 1) characteristics of the primary contact; 2) number, age and sex of household members; 3) term of participation in the Project; 4) financial status; 5) characteristics of housing facility; and 6) general assessment of family environment both at the outset and at the end of Project participation.

Primary Caregiver

The primary caregiver within each Project family served as a focal point for all activities conducted within the home, whether related directly to that person or to the children. As indicated by Table 1, practically all of these persons (92 percent) were the mothers of the children identified as eligible to participate in the Project. Of the remainder, seven percent were grandmothers and one percent were fathers. There were often other adult members of the family present in the home, but the primary caregiver was the one with whom the home visitor worked most closely to identify family needs, to develop the family learning and services plan, to participate in the learning activities for the children, and to work with in an ongoing cooperative way to evaluate the Project's interaction with each family member. As the Project took on more and more concern for the parent's home management and service referral needs, the home visitor spent a greater proportion of visit time with the primary caregiver, often developing a very close personal as well as professional relationship. The trust and rapport which became possible through these relationships helped to make all aspects of the Project more successful.

TABLE 1

Primary Caregiver
Relationship to Project Children

Relationship	Number	Percent of Total
Mother	230	92
Father	3	1
Grandmother	17	7
	250	100

The age distribution of the primary caregivers is indicated in Table 2. Not surprising, most mothers of the children eligible for the Project were less than 30 years old (67 percent) with nearly half of the total group from 20 to 29 years of age. The youngness of these mothers was an important factor in determining the services package for the families: young women are often faced with the problem of coping with raising their own children before they have grown much beyond youth themselves.

TABLE 2

Primary Caregiver
Age Distribution

Age	Number	Percent of Total
Less than 15 years	0	0
15 to 19 years	47	19
20 to 29 years	122	48
30 to 39 years	50	20
40 or over	29	12
No information	2	1
	250	100

Although 26 percent of the primary caregivers were currently married and living with their husbands (as shown in Table 3), the majority were in the position of raising the family as the sole adult of the household or with a sistance from their own mother, sister, father or other relative. The percents of divorced and never-married mothers were about equal (23 percent and 24 percent respectively) with separated and widowed women making up the 15 percent and 6 percent of the sample.

TABLE 3

Primary Caregiver
Marital Status

Marital Status	Number	Percent of Total
Married	64	26
Separated	38	15
Divorced	58	23
Widowed	15	6
Never Married	60	24
No information	15	6
	250	100

With regard to ethnic group distribution, Table 4 shows the almost equal segments of black and white participating families (48 percent and 52 percent respectively). This fact demonstrates the ethnic diversity of the Appalachian area of Georgia, as opposed to the general expectation that the region consists only of poor white families. Even in an area with a relatively low proportion of black residents, black families are generally at the bottom of the economic ladder and are therefore most likely to be included on welfare rolls. According to 1970 Census figures, in the 13 counties served by the Project, the overall percentage of black residents is slightly over 10 percent, with three counties to the West of Atlanta averaging 17 percent, the four to the East of Atlanta averaging

12 percent and the six to the North averaging 2½ percent.[1]

TABLE 4

Primary Caregiver
Ethnic Distribution

Ethnic Group	Number	Percent of Total
Black	120	48
White	130	52
	250	100

The educational statuses of the primary caregivers are represented in Table 5. Over 20 percent received less than a sixth grade education and another 65 percent completed from the seventh to twelfth grades.

Approximately one-fifth of this second group, or 12 percent of the total number of parents, completed high school. Most parents are not satisfied with their educational achievements and a few sought additional academic or vocational training during the course of the Project. Similar to most parents of all socioeconomic descriptions, Project parents were eager for their children to go farther in school than they did.

TABLE 5

Primary Caregiver
Highest School Grade Completed

Education Completed	Number	Percent of Total
Less than 6th grade	53	21
7th to 12th grade	162	65
Some Postsecondary	4	2
No information	31	12
	250	100

Fifty percent of the parents have had some form of employment outside the home, at least on an occasional basis (see Table 6). Future research into this population of families should look into whether or not the mothers served by the Project would return to the work force if adequate day care services were available to them.

Household Members

A common assumption is that poor families, especially poor rural families, are very large. Information concerning the 250 families, shown in Table 7,

[1] *The Status of Black People in Appalachia: A Statistical Report*, NAACP Legal Defense Fund, May, 1971.

TABLE 6

Primary Caregiver
Previous Employment

	Number	Percent of Total
No previous employment	94	38
Occasional employment	94	38
Regular employment, less than one year	20	8
Regular employment, one year or more	11	4
No information	31	12
	250	100

TABLE 7

Family Members By Age and Sex

Members		No. of Families	Percent of Total
Females 0 to 6:	None	82	33
	One	101	40
	Two	59	24
	Three	6	2
	Four	2	1
Males 0 to 6:	None	88	35
	One	110	44
	Two	38	15
	Three	12	5
	Four	2	1
Females 7 to 17:	None	143	56
	One	57	23
	Two	29	12
	Three	12	5
	Four	7	3
	More than four	2	1
Males 7 to 17:	None	138	55
	One	52	21
	Two	37	15
	Three	16	6
	Four	7	3
Females 18 and Over:	None	9	4
	One	168	67
	Two	62	25
	Three	11	4
Males 18 and Over:	None	139	56
	One	100	40
	Two	10	4
	Three	1	0

indicates that the total number of preschool children (male and female) in these families is 475, or 1.9 per family; the total number of older children (ages 7-17), is 391, or 1.6 per family. The combined average of persons 0-17 is 3.5 per family, as compared to a national average of 1.9 per family.[2] There is an average of 1.8 persons age 18 or over per family, indicating that in most instances there is more than one adult in each household, although they are not necessarily the parents of the children. The average size of the households in the Project was 5.26 persons. The national average is 2.97 per household.

Participation in the Project

About half of the families participating in the Outreach Project began their participation at least 10 months ago. (Table 8). Nearly all families (89 percent) received weekly visits from a home visitor (Table 9). Of the 250 families included in the documentation, 56 (22 percent) discontinued Project participation for one reason or another (Table 10). Lack of interest in the Project accounted for only 18 percent of the dropouts.

TABLE 8

Months Enrolled in Project

Months Enrolled	No. of Families	Percent of Total
Less than four	34	14
Four to six	51	20
Seven to nine	45	18
Ten to twelve	60	24
More than twelve	60	24
	250	100

TABLE 9

Frequency of Home Visits

Frequency	No. of Families	Percent of Total
More than weekly	13	5
Weekly	222	89
Bi-weekly	9	4
Less than bi-weekly	6	2
	250	100

The most frequent reason was moving out of the community—generally out of the county (37 percent). One third of the families who discontinued became ineligible for Project services either because the focal child entered another

[2] *Household and Family Characteristics: March 1974*, U.S. Department of Commerce, Bureau of the Census, February, 1975.

program (Head Start, public school, etc.), the family's financial status changed and it was no longer receiving public assistance, or all of the children of the family became too old (over six years).

TABLE 10

Reasons for Service Discontinuation

Reasons	No. of Families	Percent of Total
Children too old	1	2
Children entered another program	16	29
Family moved	21	37
No longer interested	10	18
No longer eligible	7	12
No information	1	2
	56	100

TABLE 11

Financial Support of Families

Source		No. of Families	Percent of Total
AFDC	$ 1–50	27	11
	51–75	11	4
	76–100	54	22
	101–150	57	23
	151–200	83	33
	No information	18	7
		250	100
Social Security	Yes	21	8
	No	174	71
	No information	52	21
		250	100
SSI	Yes	21	8
	No	174	70
	No information	55	22
		250	100
Alimony/ Child Support	Yes	16	6
	No	182	73
	No information	52	21
		250	100
Food stamps	Yes	182	73
	No	54	21
	No information	14	6
		250	100

Financial Status of Families

Table 11 shows the sources of financial support of Project families. The figures indicate that for the great majority of families, AFDC and food stamps were the only sources of support: less than 10 percent received either Social Security (including disability), Supplementary Security Income (SSI), or child support/alimony payments (although the last category may be under-reported for reasons of privacy). These financial support data demonstrate that the families are far below the "poverty level," let alone the currently quoted figure of nearly $10,000 as the minimum needed by a family of four to live modestly.

Housing Facilities

The descriptive data offered in Table 12 give an overall picture of the setting and conditions of the housing occupied by Project families. Although 71 percent of these families rent their homes, they are long-term residents of their communities, most (63 percent) having lived in the same county for over 10 years. The majority of homes enjoy the minimal conveniences of modern life: running water, indoor toilet facilities and electricity. Nevertheless, the relatively high percentages without a telephone (66 percent), without indoor toilets (32 percent) and dependent on fireplaces or wood-burning stoves (29 percent) speak of the poverty conditions the families face.

Another indicator of the difficult conditions faced by the families has to do with means of transportation: 56 percent of all the families are dependent on friends or relatives to provide them with basic transportation. In the rural and small town settings of the communities, this lack of adequate and independent transportation creates substantial problems, especially with regard to use of social and health services in nearby areas.

Family Assessments

In order to develop a family services plan for each participant family, home visitors made a general assessment of each family they served at the outset of work with them (generally after about two or three weeks of contact). Ten categories were used to complete this assessment; 1) health of the children; 2) health of the adults in the household; 3) the general level of nutrition and adequacy of food supply; 4) the physical development of the children; 5) the children's cognitive development; 6) the children's emotional development; 7) the emotional status of the adults; 8) the condition of the house and yard; 9) the family's utilization of existing social or family services, and 10) the overall personal interaction among family members.

There are some obvious limitations to gaining an objective or profound assessment of a family after just a few visits to the home. No specific criteria were established to determine how each home visitor should interpret the meaning of "good," "moderate," and "poor" in each category. Therefore, each assessor used her or his own measures. Nevertheless, the assessment procedure was a helpful tool for giving the home visitor a general sense of what areas might warrant some attention and concern.

TABLE 12

Description of Housing Facilities

Housing Facilities		No. of Families	Percent of Total
Type:	Apartment	19	8
	Public housing project	24	10
	Single-unit house	165	66
	Mobile home	41	16
	No information	1	0
		250	100
No. of rooms: (excluding bathroom)	Two	3	1
	Three	44	18
	Four	112	44
	Five	77	31
	More than five	14	6
		250	100
Location:	In town	96	38
	Semirural	50	20
	Rural	104	42
		250	100
Plumbing:	Running water/indoor toilet	171	68
	Running water/outdoor toilet	19	8
	No running water/outdoor toilet	34	14
	No running water/no toilet	26	10
		250	100
Heating:	Central heat	44	18
	Oil or gas heater	131	52
	Fireplace or wood stove	72	29
	No information	3	1
		250	100
Electricity:		250	100
Telephone:	Yes	80	32
	No	166	66
	No information	4	2
		250	100

Similarly, an assessment was done near the end of the Project using the same ten categories of observation. In all but two cases, the final assessment was carried out by the same person who had done the initial one. (Two home visitors were replaced during the Project.) By comparing these two assessments on each family, a general picture is possible regarding changes that took place, although the changes obviously cannot be said to result only from the family's contact with the Project. In a number of instances the assessment of a certain condition is less favorable in the final reading, without any indication in the family's

progress reports of any problem situations. Possibly the home visitor was simply more perceptive during the second observation than during the first, or more exacting in her criteria for "good." The figures in Table 13 also show an interesting increase in the number of instances where no information was offered about one or more of the categories in the final rating. In the initial assessment, the percentage of "no information" instances is never higher than 9 percent (regarding use of available services). In the final assessment, the percentages of "no information" are never below 8 percent and reach 10 percent or more in three of the ten categories. This is perhaps due to some home visitor's reluctance to make an evaluative judgment on the families or to put a categorical label on situations they saw as too complex to describe with a single word. At the outset, the families could be viewed more objectively, more simplistically; after many months of interaction, the view was more complicated.

TABLE 13

Family Assessments
Initial and Final

	Initial		Final	
	Number	Percent	Number	Percent
Health of Children:				
Good	147	59	126	60
Moderate	69	28	41	20
Poor	33	13	25	12
No information	1	0	18	8
	250	100	210	100
Health of Adults:				
Good	128	51	100	48
Moderate	86	34	64	31
Poor	34	14	27	13
No information	2	1	19	8
	250	100	210	100
Nutrition/Food Supply:				
Good	138	55	119	57
Moderate	75	30	49	23
Poor	23	9	17	8
No information	14	6	25	12
	250	100	210	100
Physical Development of Children:				
Good	161	65	152	72
Moderate	68	27	32	15
Poor	16	6	8	4
No information	5	2	18	9
	250	100	210	100

(continued on next page)

TABLE 13 – continued

Family Assessments
Initial and Final

	Initial		Final	
	Number	Percent	Number	Percent
Cognitive Development of Children:				
Good	116	46	127	60
Moderate	69	28	41	20
Poor	51	20	23	11
No information	14	6	19	9
	250	100	210	100
Emotional Development of Children:				
Good	116	46	123	59
Moderate	88	35	49	23
Poor	34	14	19	9
No information	12	5	19	9
	250	100	210	100
Emotional Status of Adults:				
Good	96	38	96	46
Moderate	100	40	69	33
Poor	45	18	24	11
No information	9	4	21	10
	250	100	210	100
Condition of House and Yard:				
Good	101	40	86	41
Moderate	79	32	60	28
Poor	65	26	46	22
No information	5	2	18	9
	250	100	210	100
Use of Available Services:				
Good	113	45	117	55
Moderate	72	29	47	22
Poor	42	17	22	10
No information	23	9	24	11
	250	100	210	100
Family Interaction:				
Good	123	49	135	64
Moderate	83	33	41	20
Poor	34	14	15	7
No information	10	4	19	9
	250	100	210	100

Looking at the data in Tables 13 and 14, a few generalizations can be made. The category which presented the most positive picture in both assessments—with the highest percentage of "goods" and the lowest percentage of "poors"—is the physical development of the children. In spite of some health problems and inadequate nutrition in a number of families, the children seem to be very much on schedule in terms of physical growth. The categories which revealed the most disturbing picture are the emotional status of the adults and the condition of the home environment. Although the former showed some improvement by the final assessment, the latter showed almost no increase in the percentage of "good" ratings and continued to have the highest percentage of "poor" ratings. The only category which actually decreased in percentage of "good" classifications between initial and final rating was that of adult health. It is quite possible that this occurred because the home visitors were able to gain information on personal problems such as health problems, which were not readily apparent or openly discussed at the beginning of contact with the families.

TABLE 14

Summary of Changes from Initial to Final Family Assessments

	Improved		No Change		Worse		No Comparison*	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Health of children	35	14	131	53	26	10	58	23
Health of adults	37	15	124	49	29	12	60	24
Nutrition/Food supply	31	13	122	49	21	8	76	30
Physical development (Children)	36	15	141	56	12	5	61	24
Cognitive development (Children)	51	20	121	49	12	5	66	26
Emotional development (Children)	47	19	117	47	18	7	68	27
Emotional status of adults	50	20	107	43	27	11	66	26
Condition of house and yard	30	12	130	52	29	12	61	24
Use of available services	35	14	122	49	14	6	79	31
Family interaction	56	22	115	46	14	6	65	26

*No comparisons were possible for families who withdrew from the Project or for families about which home visitors provided limited information.

Table 14 also shows several interesting comparisons between the initial and final assessments. For this Table, all ratings are summarized, whether a condition improved (from poor to moderate or good, or from moderate to good), stayed the same, or got worse (from good to moderate or poor, or from moderate to poor). At least 23 percent of the total reports in each category are incomplete, either because the family received only one assessment because they discontinued in the Project before a second rating, or because the home visitor did not complete all portions of either the initial or the final assessment.

It is interesting to note the high proportion of unchanged assessments—no less than 43 percent of any category. As mentioned, the assessment process was a very informal, subjective one, with no fixed criteria or measurement. Therefore, the lack of change for better or worse could perhaps be explained by the fact that the home visitor was too close to each family situation to notice the gradual changes which may have been taking place. It can also be partially explained by the very human tendency not to want to show a worsening situation; since the majority of initial assessments were "good," most final assessments stayed "good."

There is also the reality that personal and family changes generally take place very slowly, even in situations where economic conditions are not a factor. In low-income families, there are extremely few options open for making basic changes in their lives. Over the course of the Project work, the home visitors gradually came to realize that in spite of their high ambitions, energy, devotion and creativity, this unpleasant reality would seriously limit their accomplishments with most of the families and that most conditions would in fact stay relatively unchanged.

The rather high percentage (12 percent) of worse ratings in the health of adults category was unexpected. This may be explained by the same statement made about this category in Table 13, i.e., as the home visitor became more accepted by the adults in the family, she or he was made privy to more personal information about such areas as health and emotional problems.

As bad as the conditions of the home environment were assessed by the home visitors in the initial rating, they actually grew worse during the Project tenure. The home visitors apparently never became accustomed to or learned to overlook the problems of dilapidated porches, junk in the yard, warped floor boards or sagging outhouses. The realities of poor housing and sanitation are viewed with a rather hopeless resignation by most families, and it is no surprise that with such attitudes conditions would tend to become worse. It is encouraging that in spite of the many family problems, especially those faced by the adults, the level and tone of family interaction was the area showing most improvement during the Project.

PROJECT OPERATIONS

Day-to-day operation of the Outreach Project depended heavily on the work styles and decisions of the 16 home visitors. General Project goals and objectives were established in the original proposal, overall strategies for meeting the goals were developed in the Project's administrative office, and supervision and ongoing training for how to use these strategies were provided by the three district supervisors. But the heart of the Project was in the daily activities of the home visitors. The diversity of family situations and the distance from the central office of the target counties made it necessary for each home visitor to work almost independently to provide the unique service needed by the particular families he or she served.

Described below are the five major areas of Project concern–child development, home management and parenting, health and nutrition, physical environment, and community relationships–and how the home visitors dealt with each. The information was obtained from written reports on each family, assessments made on each child in terms of development and health and interviews with each staff member regarding her or his activities and observations in each area.

Child Development

One of the primary operational emphasis was on child development–working with children and their parents to improve the developmental processes for the participant preschoolers. The goal was to bring every child within an "age-appropriate" range in physical, cognitive, emotional and social skills. Although this emphasis was later broadened to include more concern with the parenting and home management component, it remained of major importance throughout the project.

One of the first responsibilities of the home visitor was to ascertain the general development status of each child enrolled in the Project. This was done both by observation and experimentation with various learning activities, and by using an informal assessment tool (Evaluating Children's Progress),[3] by the Southern Regional Education Board. The term "age-appropriate" was used rather broadly by the Project. No attempt was made to specify exactly when every child should be capable of accomplishing any particular task. Project staff acknowledged the varying patterns and time tables of development seen in the normal growth of young children. In most cases the curriculum designed for each child by the home visitor was based more on observation and general activities recognized as appropriate for all young children than on a specific assessment of that child. As new activities were introduced, developmental strengths and lags could be observed and the curriculum modified to meet the particular needs.

Within two or three months of involvement with families, the home visitor

[3] *Evaluating Children's Progress: A Rating Scale For Children in Day Care*, Southern Regional Education Board, Southeastern Day Care Project, Atlanta, Georgia, March, 1973.

administered the structured assessment tool to gain a more objective view of whether or not each child might be below average in his/her development.

The results of developmental assessments done on children participating in the Outreach Project which are presented below show improvements at all age levels and in each of the four major skills areas (cognitive, social-emotional, motor and hygiene/self-help). The assessments were made early in the home visitor's involvement with families and again near the end of Project operations. The instrument used in both instances was the Southeastern Day Care Project Rating Form, which was developed by the Southern Regional Education Board (SREB) and used by SREB's extensive research in early childhood development and education over the past several years.

The most improvement in rating level appears in the cognitive areas, especially with the four- and five-year-old group. However, the other areas also show substantial high ratings and consistent improvement in the final assessment over the initial one. Similar to the procedures used to assess the general family conditions, as described above, the SREB ratings were made by home visitors by means of their own observations, with only limited guidelines as to specific criteria to judge performance of the required tasks and in a very informal setting. In spite of this rather unstructured method of assessing the children, the procedure was beneficial in two respects: 1) by observing each child, using certain guidelines as to general age-appropriate skills, the home visitor was able to prepare a curriculum to meet the child's specific developmental needs during the Project; 2) the overall results of the assessments can be useful for gaining a clearer picture of the children in the Project as a whole and the areas which need most attention for serving this type of preschool population.

The experiences of the home visitors indicated that the most common developmental lags were in the language skills category, including speech problems, extremely limited vocabularies and inability to listen well. In several instances this was attributed to the lack of verbal stimulation and interaction in the home. According to several home visitors, many of the families were extremely taciturn, with most communication in a nonverbal form, and thus the children were limited in developing their skills of verbal expression.

A second area of development problems indentified by the home visitors was a general lag in cognitive skills; for example, identification of colors, shapes, numbers or words. A third area of concern was social-emotional development, many children seeming unusually shy and fearful of strangers. Both of these problem areas were attributed to a general lack of exposure to people and experiences. The isolated living conditions of many families, along with an overriding attitude among parents that learning takes place at school, not at home, contributed to relatively slow cognitive and social development since no effort was made to compensate for the absence of stimulation which would have improved both areas.

Most Project parents showed little overt concern about their children's development other than a few questions now and then about physical growth and when the child would be ready to read and count. In the minds of many, child development is a process which simply *happens*—it does not require

assistance from either parent or teacher or any other adult. One of the objectives of the home visitors was to show parents that they could indeed influence the

TABLE 15

Results of Assessments

INFANTS

Total: Initial – 95 Final – 58

	Higher Than Age Range	Within Age Range	Below Age Range
Initial Assessment	23%	34%	43%
Final Assessment	28%	50%	22%

PRESCHOOLERS

Total: Initial – 191 Final – 141

Cognitive Skills	2-year-olds			3-year-olds			4- and 5-year olds		
	High	Med.	Low	High	Med.	Low	High	Med.	Low
Initial Assessment	63.4%	30.8%	5.8%	48.2%	44.4%	7.4%	22.3%	55.4%	22.3%
Final Assessment	95.1%	4.9%	0	76.6%	17.0%	6.4%	66.0%	26.4%	7.6%
Social-Emotional Skills									
Initial Assessment	78.9%	17.3%	3.8%	53.7%	46.3%	0	80.0%	15.3%	4.7%
Final Assessment	92.7%	7.3%	0	72.3%	21.3%	6.4%	92.5%	7.5%	0
Motor Skills									
Initial Assessment	78.8%	15.4%	5.8%	76.0%	18.5%	5.5%	75.3%	16.5%	8.2%
Final Assessment	90.2%	9.8%	0	97.8%	2.2%	0	86.8%	11.3%	1.9%
Hygiene/Self-Help Skills									
Initial Assessment	78.9%	11.5%	9.6%	74.0%	24.1%	1.9%	67.0%	25.9%	7.1%
Final Assessment	90.3%	7.3%	2.4%	87.2%	12.8%	0	83.0%	13.2%	3.8%

development process, either positively or negatively, by their interactions with the children. Most of the home visitors reported some progress along this line, but many parents were reluctant to believe in the importance of a positive home environment for stimulating healthy development.

Curriculum activities selected by the home visitor during her preplanning procedure to meet developmental needs were geared not only to work on a particular skill, but also to show the parent that homemade or readily available commercial materials were good educational tools. Some of the most successful activities were simple puzzles and picture books, water colors, paper construction and other types of art work, manipulative toys, lotto and table games. Activities using homemade materials or no materials at all were also very successful, including story-telling, homemade finger paint or clay, exploration of the outdoors, creating collages or scrapbooks from magazines or simply looking th[illegible]ugh a magazine for building vocabulary and concept development.

In general, child development objectives required a different approach for each family. The very presence of an "outsider" in the home once a week was part of the curriculum, especially for the very shy children who had little exposure to a variety of people and stimulation. Whether or not every child has

achieved more age-appropriate skills because of Project involvement would be difficult to document specifically. Nevertheless, the direct observation of home visitors indicates that Project activities have had a strongly positive effect on all children and have at least contributed to their future healthy development and education.

Home Management and Parenting

Within several months after the beginning of the Project, it was apparent that in order to meet goals for families, parents should be served as directly as possible, rather than indirectly through their children. Most of the parents were young mothers with limited educational or work experiences. Many had never had much exposure to the world beyond their immediate community. Living in poverty, depending on a welfare check for support, often living alone with their children and not having consistent physical or emotional companionship and assistance in child rearing, residing in a isolated environment, being part of long-standing family and cultural traditions—are all realities which affected the home management and parenting styles of Project mothers. It was crucial for home visitors to understand these realities and to get to know each parent on a personal basis in order to help the parent identify and cope with whatever problems limited the family's well-being.

Parental attitudes and behavior among participating mothers were not substantially or basically different from those of most mothers, especially mothers of a moderate to low economic status. Children are highly valued, although general acceptance of family planning has limited the number of children in most families. The mothers have high aspirations for their children to have more education, more economic security, a better life in general than they themselves have had. However, unlike in many middle-class families, there is also a high level of pessimism, almost fatalism, regarding the actual possibility for basic improvement in the next generation. The mothers do not see much, if any, role they can play in shaping the lives of their children, nor do they see their role as including a teaching function. They generally fail to see the profound influence on all family members of the day-to-day interaction in the home. As in many low-income families, verbal communication is very limited. Children's behavior is controlled by the threat or use of physical restraints or punishments, often on a rather erratic pattern. The personal environment of the home is strongly influenced by the mood and emotional position of the mother. During times when she faces deep problems of how to make ends meet, or how to overcome the frustrations of the welfare bureaucracy, or how to ease her sense of isolation and loneliness, there is little emotional energy left for patience or playing with the children. Few homes had any sort of educational materials in them. Few mothers did anything with their children other than general supervision and care.

A strategy for influencing this general home situation required a great deal of skill, sensitivity and patience on the part of each home visitor. Few people are eager to share personal problems with someone who is not a close friend or relative. It required many weeks of informal, supportive conversations to reduce

some of the barriers between mother and home visitor. Often these barriers could be eased somewhat by discussing particular ideas or situations regarding the children; in other instances they were better approached by planning specific projects for the mothers themselves.

Project home visitors found that many mothers were in great need of activities which would stimulate their own sense of self-worth and confidence. Mothers who do not feel good about themselves are generally less capable of providing a supportive environment for their children's emotional and intellectual development. Mothers who have no means of breaking their daily routines of family responsibilities and problems, at least every once in a while, often give in to boredom and frustration which can lead to a depressive home atmosphere with a negative effect on the creativity and learning opportunities of the children.

Described below are several special parent projects which were designed and carried out by various home visitors in response to these needs for broadening the lives of the mothers they work with in order to strengthen their parenting potential. Some focus directly on the mother, others focus ostensibly on the children but are very much geared to also meet the needs of the mothers.

The Sewing Class

The needs identified in the home visitor's proposal as rationale for starting a sewing class in Cherokee County indicate the multipurpose aspect of such an activity:

Needs families have expressed:

Clothing for children to go to school (children do not go to school without adequate clothing)

Maybe acquire a (sewing) machine for themselves to improve their living styles

May earn extra money through a new skill learned

A possible trade that could be done at home so they can still be with their young children

Use sewing to get their minds off their immediate situation

Nine mothers have begun meeting on a regular basis to purchase cloth, select patterns and prepare clothing for themselves and for their families. The home visitor provided the initial incentive to get the ball rolling, but after two or three weeks the mothers were very much involved in their own projects, gaining in creativity and self-confidence with each new garment sewn. The get-togethers are often times for lively conversation and sharing recipes, problems, experience and maybe even a little gossip.

The Home Economics Project

The broad area of home economics includes a number of topics which are relevant and important to mothers of young children. A home economics project can also serve as a vehicle for general socialization and emotional release for

women living in isolated rural settings. The home visitor in Fannin County arranged for a cooperative effort with the county home extension agent to have classes in nutrition, sewing, food stamp purchase, personal grooming, childhood diseases, crafts and educational opportunities for the mothers she worked with. For many of these mothers, the classes are their only contact with new ideas, new friendships, new possibilities for self-improvement and self-awareness. By working as a group, the mothers provide each other with the moral support so important for coping with the personal and family problems they face every day. A high point in this project was the day everyone got free hair styling from a local beautician—for several participants, for the first time in their lives.

The Mothers' Meetings

For reasons similar to those specified by the sewing and home economics groups, occasional get-togethers among mothers participating in the Outreach Project in Carroll County were organized for the purpose of bringing new understanding to everyday situations. The mothers have met informally to discuss child development, parenting, self-awareness and interpersonal relationships. Discussion leaders have included the district supervisor for the Project's Western district and an instructor from nearby West Georgia College.

The Sandbox Project

One of the needs observed in many Project parents is that of providing a better physical environment for their children. This strong desire was the basis for a sandbox construction project organized by one of the Carroll County home visitors. With free sand and nails and low-cost boards from the local hardware store, several participant families—parents, older children, and a few interested neighbors—got together for a Saturday of building 15 sandboxes. In addition to having a good time and experiencing the satisfaction of seeing the finished products, the parents were able to actively participate in shaping their own home environments, if only in regard to a small corner of the back yard. For adults who are often faced with the frustrations of being powerless to influence their own lives, this was an important accomplishment.

Special Events

Throughout the period of Project operations, special events were organized by the home visitors to complement their work with mothers and children at home. As with the programs described above, these special events had multiple rationales: exposing the children to new learning situations through broadening their horizons, exposing the mothers to new experiences, giving the mothers (and the children) a chance to enjoy a break in the routine of their everyday life, expressing to the mothers a concern for them and their families that goes beyond a 9:00 to 5:00 job requirement, facilitating more social interaction for families who often have very limited contacts with other people and simply having a good time.

One group of children and mothers spent an afternoon at the airport.

Another spent a day in the park having a picnic. Another got free tickets to the circus and spent an evening of excitement in Atlanta. A fourth special event was a trip to St. Louis by some of the Project mothers (with their children) to attend the annual conference of the Day Care and Child Development Council. In each instance, especially the last, the experience served as an educational setting in an informal sense, an opportunity to see beyond the personal and community boundaries of life in Appalachia.

As the Project ends, most home visitors feel that in some small way they and the Project have influenced the lives and the parenting behavior of participant mothers. Most mothers and children now spend a little more time together, talk together a little more. Mothers seem to be a bit more willing to seek out the services and assistance they need. They also are more aware of how they can have more positive influences on their children through simple home learning situations. Basic realities have not changed for more than a handful of the families, and it is not possible to know whether the improved emotional and interactional conditions are a permanent change or merely a temporary modification dependent on contact with the home visitor. Nevertheless, the overall effect has been a positive one and is an important first step toward more permanent improvements.

Health and Nutrition

Recognizing a common need among low-income families for improved health care and nutrition, the Outreach Project included these areas as vital components. Although the home visitor staff was not professionally trained in specific health or nutrition skills, they provided a wide range of services either through referrals, through actually arranging and facilitating the services of other agencies or through raising the level of awareness to health and nutrition problems.

The home visitors found that attitudes about health and nutrition were very tradition-bound. Few families were in the habit of seeing a doctor on a regular basis—medical attention was sought only in emergencies. Similarly with dental care. The general attitude was that teeth would gradually decay, then false teeth were to be purchased. Reluctance to seek out routine or preventive medical or dental care was also based on actual or reported problems at health clinics and doctors' offices. Low-income people often face embarrassment, inconvenience or actual hostility from such agencies and are understandably not eager to risk encountering such unpleasant experiences. A lack of transportation is also a frequent hindrance to taking advantage of health care services.

Most mothers were more concerned about their children's health than their own, and showed a willingness (in most cases) to have the children screened and immunized. Home visitors arranged with county health department clinics to examine each child, generally on a quarterly basis, and to administer all necessary immunizations. This service became available through the Early and Periodic Screening, Diagnosis and Testing Program under Medicaid. By general observation, the major health problems seemed to be tooth and gum decay, constant colds and frequent bouts of flu, iron deficiency or general under-

nourishment, some cases of worms and several obesity problems with mothers. Before the Project began, many children were not up to date on their immunizations and had never been examined by a physician.

Based on information gained from the health audits conducted by county health departments on 189 of the Project children, only 70 children (or 37 percent of those checked) were found to have specific health problems. For these 70, the following problems were found:

Anemia	17 children	(24% of those with problems)
Vision impairment	9 children	(13%)
Hearing impairment	4 children	(6%)
Dental problems	14 children	(20%)
Developmental lags	4 children	(6%)
Other problems, including bronchitis, allergies, hernia, lice, orthopedic problems, etc.	22 children	(31%)

It was further documented that 81 percent of the children were within the height norms for their respective age groups; 86 percent were within the weight norms.

Information regarding immunizations was obtained on 241 children. Most had received all three DPT vaccinations (59 percent), and nearly half had received all three polio vaccines (45 percent). Only 10 percent had not received any of the DPT protection and 12 percent had not received any of the polio. For rubella (German measles), 53 percent had received the immunizations and another 8 percent were not yet old enough to receive it. And for measles, 62 percent were immunized and 8 percent were under the age limit.

The above figures seem to indicate that severe health problems were not found among the Project children and that height-weight norms have been generally maintained. The immunization record is not impressive, with no more than 62 percent coverage for any of the four basic categories. Nevertheless, the progress made during the Project by parents (with the encouragement and assistance of home visitors) toward more complete immunization records was commendable.

In the area of nutrition, home visitors attempted to introduce good food habit ideas through the learning activities of the children. However, several home visitors expressed some reluctance to attempt a direct nutrition education effort with the mothers, primarily because of a recognition that food habits are one of the strongest of cultural patterns and thus very hard to modify. Observations by home visitors present a varied nutrition picture. In some cases, there seems to be very little thought given to what the family is eating, meals taking place whenever someone is hungry and the basic foods being cokes, cookies and bread.

Some attempt was made by all home visitors to offer counseling on nutrition where it seemed important. Unlike the health area, in which referrals could supplement the work of the home visitor, only in one or two counties was there an active home extension agent or any other home economics service for

local residents. Nutrition education did not become a substantial Project effort, and few changes in eating habits were reported.

Physical Environment

As described by one home visitor, housing conditions of Project families ranged from filthy to terrific. Many of the families faced tremendous problems of inadequate (even dangerous) housing with broken windows, crooked floor boards, rotted porches (at times without steps), leaking roofs and faulty electric wiring. Many houses also were surrounded by yards full of old tires, broken glass and garbage accumulated for months. On the other hand, some families had modest but safe and comfortable homes, with well-kept yards.

Home visitors agreed that most parents were not satisfied with their physical surroundings but felt powerless to do anything about them. As indicated in the family profiles, 86 percent did not own their own homes and 71 percent rented from a person or a company outside their family. Therefore, very little motivation existed to undertake major renovation or repair of housing facilities. The only step available for improvement was to undertake interior decoration of one sort or another. This was done by a number of families during the Project, often with the help of the home visitor. Whether the effort included painting, putting up new curtains, repairing a broken chair or merely rearranging the furniture, families took pride in whatever small improvements they could make on their very limited budgets.

The home visitors offered whatever counseling or assistance they thought appropriate in regard to sanitation, home safety or hazard conditions. In virtually all instances, they felt that this assistance was appreciated but not essential. The families did not have housing or sanitation problems out of ignorance or indifference, but rather out of the economic constraints under which they live and the lack of good low-cost housing. Considering these constraints, it is not surprising that very little improvement was seen in this area over the duration of the Project.

Community Services

The Outreach Project, under the guidelines of the Georgia Appalachian Child Care Project, was designed to function as a single-entry service system in which all family needs could be addressed by one contact person (the home visitor) whose responsibility included finding resources for those needs the Project itself could not meet. In order to carry out this mandate, home visitors devoted time and attention to cultivating and maintaining active contact with all other family services agencies of the community to know what services were available and how to obtain them. This liaison role was a vital one, not only in order to know the service profile of the community but also to solicit the personal cooperation of agency personnel. The ultimate goal was to see parents with the knowledge and the motivation to obtain these services on their own, and in the process of moving in that direction, the home visitor served as an advocate/facilitator and transportation provider to pave theway for future independent service utilization.

Many of the participant mothers were unaware of services available to them from various community agencies. Even their contact with the Department of Family and Children Services was often limited to an occasional visit from the case worker and the check which arrived every month. Those fortunate enough to have conscientious case workers were offered referrals to other needed services if they asked about them. However, with the huge case loads carried by most DFACS staff persons, the amount of attention each family could expect was minimum. It was the task of the home visitor to compensate for this lack of connection between families needing service and the service providers.

Serving as such a connecting link took on many different specific activities. Many involved medical or dental problems—finding out clinic hours, identifying doctors or dentists who would accept Medicaid patients if there were no clinic facilities, arranging appointments, providing transportation and the intangible moral support during appointments. Frequently the home visitor found it necessary to convince a mother of the importance of health care as well as to assist in carrying it out, especially when it involved the mother herself. Habits of using medical or dental facilities only for emergencies are slow to change.

Contacts with service agencies also included a number of other types of programs. Several families needed assistance in expanding their education: home visitors helped get the necessary information and assisted in the enrollment procedures for high school, vocational school, special GED programs or skills training programs in various communities. In other families there was a need for legal assistance. Several home visitors established contact with legal aid offices and arranged for family members to use those services. Financial problems were very common. Home visitors were called upon to untangle Social Security red tape, find emergency funds for a necessary operation, or find an explanation for changes in someone's monthly AFDC check. In a surprising number of families, there was no information concerning food stamps, neither who was eligible nor how to obtain them. Several families requested help for finding employment, and several others requested assistance to get clothing for their children.

In each situation, the home visitor attempted to bring the family into contact with the service agency that could help meet its needs. As time went by, most mothers began to initiate their own contacts, identify the information they needed and follow through to working out a solution to each particular problem. The result has been not only a more independent group of families who are beginning to use the services to which they are entitled, but also more responsive agencies which are more aware of the needs of low-income families.

One objective of the Outreach Project's proposal was to build a foundation of local involvement and concern for the services rendered by the Project. Through the work done by home visitors in using many agencies of the community, a large number of people have become aware and supportive of the needs experienced by the families participating in the Project. By gaining the assistance and respect of many other community residents, the Project has convinced many individuals and agencies of the importance of a home-based family services program as an innovative and worthwhile mechanism for meeting many unmet needs of families with preschool children.

CASE STUDIES

To illustrate the variety of families and home visitor styles of service delivery in the Outreach Project, several brief case studies are presented. The five families described (with all names changed to preserve privacy) have many things in common: all are recipients of AFDC, all face the struggle of meeting economic needs on very limited resources, all are somewhat isolated from the mainstream of society because of their geographic situation or because of their isolation from community support systems and political representation, and all are anxious to find ways of making life better for their children.

Wanda Hanson

The Outreach Project had no such thing as a "typical" family: each was unique in terms of needs, expectations and in the service package provided during its participation. Nevertheless, there are some family characteristics and some work plans developed by the home visitors which have been frequently seen among the 250 Project families. The following case study is of a family which might represent a number of these general characteristics.

Home visitor Judy began working with the Hanson family in February, 1974. Most of her attention was focused on the 18-month-old daughter during the early months, and later included the baby son who was only one month old. Judy's attention was also focused on establishing rapport with the mother, Wanda, to help her to identify and find solutions to her own problems. For instance, one of the first needs which Judy helped to meet was how to locate Wanda's husband, who was in the military, in order to get more financial support for the children. This was accomplished by contacting the Red Cross.

The initial response of Wanda and her family to the Project was rather typical of many participant families: some curiosity and skepticism about the unusual services offered by the home visitor. During many visits, other members of the extended family would happen to drop by to informally observe what the Project was all about. At a picnic organized by Judy for all of the families she worked with, cousins, in-laws, brothers and sisters, neighbors and friends all came to see "that young woman who works so well with the children."

One of the obstacles in the way of many home visitors' efforts to strengthen the home learning environment was the ever-present television set. More often than not, while learning activities were being attempted on one side of the front room, the mother would be focusing her attention on the soap opera blaring from the other side. This was true for Wanda during the first several months of home visits. She thought the work being done by Judy with the children was good, but did not see any need for interrupting her own daily routines. To change this pattern was one of Judy's highest priority "unspoken objectives."

Also similar to a number of other family situations, there was very limited verbal interaction between family members. Judy used every home visit activity to encourage mother-child verbalization, whether the child was building with blocks, pushing a "corn popper" toy across the floor, painting with water colors or looking at a picture book. A strategy for encouraging Wanda to take on a

more active role in her children's learning and development had to be subtle and unhurried. Sometimes during trips to the clinic or while talking informally on the front porch just before leaving, Judy would get into a conversation about the importance of a mother's impact on the lives of her children. As the overall trust level increased, Wanda gradually seemed to realize her own potential for assisting her children to learn. As time went by, the home visits were conducted without a TV program in the background. Wanda began to get down on the floor to help her children work a puzzle or cut out a paper flower, and the level of verbal communication increased tremendously as did all aspects of direct positive interaction between parent and children.

Last summer, Wanda's sister, with her two preschool children, moved in to share the house. Judy was able to arrange for them to become part of the Project by talking to the welfare case worker. Now the activities during home visits had to relate to three or four young children. Because each child was at a different developmental level, Judy's job became even more varied, and the activities became broader in scope, from making instant pudding, to setting up a wading pool, to organizing the family picnic, to working on reading readiness skills, to testing everyone's eyes and making sure visits to the health clinic were arranged and carried out. With four preschoolers (and sometimes more, including visiting cousins, neighbors, and friends), home visits were at times unstructured and rather chaotic. In those instances, learning took place as much through the interactions of the children with one another as from direct instruction from the home visitor or the mother. Judy discovered what other home visitors and day care teachers often do: given a positive, stimulating learning environment, young children do not have to be forced to learn. They do it naturally and enthusiastically. Judy had become a facilitator rather than a teacher—she had indeed stimulated the strengths already present in the Hanson family to come to the surface.

The Edwards Family

One of the most challenging tasks of home visitors was to face the wide variety of parenting styles among the families they served and to resist any temptation to make personal value judgments about those styles. Some of the participating families displayed attitudes and behavior toward their children that could be considered negative, at times even damaging, to the children from someone else's point of view. The home visitor was forced to repeatedly ask herself or himself: How can I influence parenting behavior without antagonizing or showing a lack of respect for the parents?

Beverly found this question to be very significant in her work with the Edwards family. Sam, an illiterate 63-year-old retired man, and Melody, a 31-year-old woman who had never been outside this rural county in her life, had built a protective wall around their 5½-year-old daughter, Bibi. The child suffered from a crippling condition in her legs which limited her mobility, although it did not seem to cause her any pain..Sam and Melody had never taken Bibi to the clinic, located less than 12 miles from their home, to have the legs checked. Most of the time the parents seemed to simply ignore the condition;

nevertheless, they used it as the reason why Bibi was not allowed to go anywhere without them, and in particular, why she could not attend school. ("She wouldn't be able to get on and off the bus by herself!") When asked about this physical problem, Sam and Melody simply assured Beverly that Bibi would eventually grow out of it.

There were several other problems which disturbed Beverly. Bibi was not toilet trained (neither bladder nor bowels). She constantly sucked on pacifiers, occasionally smoked her father's home-rolled cigarettes, refused to drink milk (only tea or coffee), and did not even seem to know what a toothbrush was. Perhaps most disturbing of all was her violent fear of water.

A curriculum plan for this child obviously required more than general activities to increase cognitive development. There was also a great need for working on Bibi's emotional, self-help and motor skills and for working closely with her parents to gain their cooperation to assist the little girl. The initial visits at the Edwards house were especially frustrating. Neither Melody nor Sam seemed to be at all concerned about Bibi's behavior, actually praising her for her stubborn independence and unusual ways. To the suggestion that she be given milk instead of tea to drink, Sam proudly informed Beverly that Bibi was too smart to be tricked into drinking cow's milk. No matter what she did, he seemed reluctant to tell her "no" or to influence her behavior in any way.

To begin to meet the needs of this family, Beverly focused on three areas: talking with the parents to understand them better, working with the Crippled Children's Clinic to arrange for diagnosis and treatment of Bibi's legs, and bringing learning activities to the home which would help Bibi to overcome her fear of water and her general lack of interest in any age-appropriate activities. The study of water included story books and pictures about the sea, seashells to play with, a wading pool, building little wooden or paper boats to sail on it, "fishing" for aluminum foil fish with paper clips and magnet, play with water pistols, and buying a real goldfish for Bibi to take care of. Over a period of nearly two months, all home visits centered around some aspect of water. Very slowly, Bibi began to show interest and lose her apprehensions.

As trust and rapport slowly grew with the parents, Beverly tackled the problem of toilet training. Melody showed no patience for working with Bibi; Sam was beginning to show limited cooperation. Both still claimed that none of the activities would do any good, that no one could do anything to influence their daughter's behavior, but they at least indicated that they wished that she were toilet trained. This was a big step in the right direction. Little by little, Bibi began to use the potty chair or the outdoor toilet behind the house.

About six months after starting to work with the Edwards, Beverly was asked to become involved in an effort by the welfare office to remove Bibi to a foster home. This was just at the time when some minor break-throughs seemed possible in her home visit work. The Project district supervisor and director entered the situation at this point to negotiate with the agency to prevent any direct involvement by Beverly in whatever legal hearings were planned, which would have surely destroyed all the progress she had made over months of patient work. Fortunately, the welfare officials realized they did not have

sufficient information to take the child from her parents and Beverly was not forced to testify.

Nearly a year after her first contact, Beverly began to see some of her patience rewarded. Bibi began to play with a neighbor child once in a while, her level of verbalization increased tremendously, her attention span for activities multiplied by three or four times, she even showed interest in the idea of going to school someday, and one immunization shot was taken at the clinic. However, many problems still exist. Melody and Sam continue to overprotect her and will not allow her to visit the home of her little friend down the road. Neither will they visit the day care center nor allow Bibi to be enrolled. Although gaining some strength, Bibi's legs are still not up to normal and her other motor skills are also underdeveloped. Some activities, such as finger painting, still cause anxiety and cannot be included. Whatever parental attitudes or beliefs have created the existing home environment, it must still be altered a great deal if this young child is ever to lead a healthy, normal life. Without losing respect for their unusual approach to child rearing, Beverly has made a significent impact on the entire Edwards family. Any additional steps must come from the parents themselves.

Laura Ann Dixon

The home setting and environment of the Dixon family would probably be labeled "typical Appalachia" by most people who know the area only through films and novels. The wooden three-room house is nestled in a quiet hollow among jagged hillsides that form a protective wall from the outside world. The county road leading to the house winds up from the nearest town, some 5 miles away, and often functions more as an obstacle course than a road. In the winter, snow and ice make travel on it extremely dangerous; in the spring, mud and water make travel impossible.

When home visits began with the family in May, 1974, Laura Ann, the mother, was described as being "a very isolated person. She is overweight and emotionally exhausted most of the time." The home visitor, Julie, recognized that the primary need of the household was to help the mother feel better about herself in order to improve the environment for her four children. Through informal conversation, Laura Ann told Julie of experiencing a nervous breakdown shortly before the home visits were begun. It was apparent that in order to help the preschool child (a 5-year-old boy), the entire family situation would have to be worked with.

Activities for the child centered around books, tinker toys, and group table games such as lotto, which involved two or three of the children. The only area of concern for the 5-year-old's development was his general shyness and lack of exposure to educational materials. The primary objective of the visits was to get better acquainted with Laura Ann and to explore possible solutions to her numerous personal and financial problems. Since the severe overweight condition seemed especially distressing, Julie contacted the local Weight Watchers Association to find out how to participate. Unfortunately, the person in charge of arranging financial support for joining the group refused to accept

Laura Ann because of a negative attitude he had toward her sister.

Another step taken by Julie to build up Laura Ann's self-confidence and self-respect was to include her in an informal sewing club. Through this club, made up of several Project mothers in the county, there were opportunities to go shopping to select the patterns and cloth, to create much-needed pieces of clothing for herself and her children, and simply to have a chance to get away from the routine of everyday life. Perhaps most important was the opportunity the sewing club gave Laura Ann to meet and talk to other women. In an isolated mountain environment, without even a telephone to provide a link to other people, this is reason enough to take part in any sort of group activity.

During the ten months of work with the Dixon family, Julie arranged a number of trips to the dentist, both for Laura Ann and the children. Since the house has no running water, tooth-brushing was not a simple procedure and generally ignored. This situation was helped somewhat by discussing the problem and discussing the importance of dental care. Julie also helped Laura Ann make a decision on whether or not to get an abortion, counseled her and comforted her when her boyfriend was shot in a family feud, provided a shoulder to cry on and a friend to listen patiently when there was no one else around, and helped her to feel good enough about herself to have the strength to help the children grow in positive directions.

Laura Ann has made considerable progress toward relieving her own isolation, although transportation is still a great problem. To a great extent because of the attention offered to her by the home visits, she has become a little more outgoing with other adults and with her own children. The preschooler is also making good progress toward increased development in physical, cognitive and social-emotional areas.

Sally Clayton

Although most families who participated in the Project have had enthusiastic, or at least positive, attitudes about the activities, several were not at all pleased and eventually withdrew from participation. The Clayton family stayed in the Project less than seven months, primarily because the mother was disappointed with the type of activities arranged by Sue, the home visitor. In the mother's opinion, they were nothing but silly games which she could easily do on her own without the advice or assistance of a young woman barely half her age. Education, from her point of view, happened in school, not on her living room floor.

Sue recognized early in her involvement with the 4-year-old son and the 2-year-old daughter that they were both very sensitive, shy children who did not venture far from their mother's side. They seemed overly concerned about not giving the "right" answer to Sue's questions or not accomplishing a new activity right away. Although trying to arrange nonthreatening learning situations, Sue was unable to convince either mother or children that the education she offered was not a formal process with specific "right" and "wrong" responses.

After a few weeks of planning fairly structured learning activities, such as matching games, blocks and practicing number skills, Sue shifted to very

unstructured activities centered around nutrition, pictures taken with her Polaroid camera and music games. The change made a noticeable improvement in the general atmosphere of the home visits for a brief time; the children began to lose a little of their apprehensions about relating to a stranger.

This improved situation did not grow beyond a minimal level, however. The combination of general shyness toward anyone outside the family circle and the reluctance of the mother to show any enthusiasm for the home visits lead to disinterested children and a frustrated home visitor. To top off an already uncomfortable situation, about three months after visits began, Mrs. Clayton happened to find out the level of Sue's salary (approximately that of a paraprofessional day care teacher), and became very angry that the money was not simply given to her directly to buy food or other necessities for her family. The idea of someone being paid for merely "playing games" with her children was unheard of and infuriating to a woman who faced the daily struggles of raising six children on less than $200 per month. From the moment of becoming aware of the salary, Mrs. Clayton withdrew even her limited support of Sue's efforts. Often no one was at home at the appointed home visit hour; during some visits Mrs. Clayton simply refused to speak. About six months after the visits began, the 4-year-old was enrolled in Head Start, Mrs. Clayton apparently feeling that it offered a more reasonable form of preschool education. Sue attempted to continue work with the 2-year-old girl, but within two weeks the home visits were terminated. There was simply no way to convince this mother that the Project offered anything to her family.

Tess Williams

Home-based services to children and families require a range of activities rarely possible in an institutional program. A home visitor on the Outreach Project staff was required to play a number of roles: teacher, counselor, social worker, big sister or brother, home economist, legal advisor, spiritual advisor and often chauffeur. Every visit made in a home combines two or three of these roles and is full of unexpected tasks which make up the job.

Abby's work with the Williams family has often included hectic and energy-consuming activities to meet specific needs at specific times. However, the positive change observable in the family—both children and mother—have made it worthwhile.

The Williams family includes children from 3½ to 18 years of age, seven currently living at home with Tess, the mother. When home visits began over a year ago, Abby sensed right away that the family interactions were very good. The two preschool children seemed full of enthusiasm to learn and were quick to pick up new concepts. Family health and nutrition also were above average. The primary problems faced by this family were the severe speech impediment of 3-year-old Jenny, and the lack of utilization and knowledge of community social services to assist in filling ongoing or occasional needs. During the early months of involvement with this family, activities centered around a basic learning curriculum, expanding the children's cognitive, perceptual, motor and social skills with books, art projects, matching and lotto games, puzzles and singing.

Rapport between home visitor, children and mother seemed to develop almost immediately. Tess always indicated support and interest in the activities undertaken by the children, although she did not take an active role in them until some months later. It was also apparent to Abby that the activities she introduced during the home visits every Tuesday were repeated and practiced during the week.

The major needs of this family fell in areas outside Abby's personal capabilities. For instance her first objective was to find a local service to diagnose and treat Jenny's speech problem. The little girl seemed bright and healthy; her skills at nonverbal communication and her efforts to verbalize intelligibly were moving. She would often take Abby's hand and lead her around the house excitedly pointing out the things she could not describe in understandable words. Fortunately, a clinic with speech therapists was located in the city close to where the Williams live, and Abby was able to get Jenny enrolled for weekly therapy sessions about four months after starting her work with the family.

The success at finding professional help for Jenny seemed to have a strong positive effect on Tess. She gradually began to assert herself more in identifying and seeking solutions to other problems faced by her family. With Abby's help a number of agencies became part of her world:

Contact was made at the local employment office to find out whether her 15-year-old son was being paid fair wages at his job.

The teen-age daughter was assigned a Big Sister through a service agency assisting adolescents.

The legal aid office was contacted for information and assistance for Tess' pending divorce.

At the food stamp office, Tess and Abby struggled together to wind their way through the red tape of reapplying.

For the first time in her life, Tess got a library card and began using the public library in the town.

During the winter months, Abby made arrangements with a local church to donate used warm clothing to the family.

The problem of simply cashing a money order to pay the phone bill was solved by a counter-signature at Abby's bank.

These specific moments of assistance by Abby not only met the immediate needs, but helped Tess to know how social, financial, legal and service agencies function. She can now use them on her own when situations call for them. She is certainly more aware now of her rights and opportunities as a consumer and as a citizen than she was one year ago. Although Abby found it necessary to divide her time between the mother and the children, the results will certainly prove to be positive for all members of the family in years to come.

PARENT EVALUATIONS

In order to measure the opinions and attitudes of parents toward the Outreach Project, an evaluation questionnaire was given to a sample group of 48 parents. In most instances, the questionnaires were discussed with the parent, then left at the home for her to complete in private and return directly to the Atlanta Project office. In this way, we attempted to elicit honest responses, not merely answers which were complimentary to the home visitor.

The evaluation instrument, designed by several home visitors and parents, is divided into two sections. The first contains mainly multiple choice "yes-no" questions about the home visits and about parenting behavior. The second is made up of more open-ended questions to which the parent was asked to express more indepth feelings or experiences. The responses offered in both sections often show little variation and are overwhelmingly positive in tone. Nevertheless, in spite of its possible lack of objectivity and its questionable validity in terms of scientific research, the evaluation process was an important one, to a great extent because it demonstrated to the parents that their opinions were indeed important to the Project staff. The evaluation can also teach the staff what general functions were preceived as most important to the families during the course of home visits. This understanding can also be helpful to other projects which seek to provide home-based services to young children and their parents.

Responses to Parent Evaluation Questionnaire

Section A

1. What does the home visitor do when he/she visits in your home?

Thirty-six of the 48 respondents answered this question. Of these, 18 mentioned only the teaching activities with the children (e.g., "she teaches the children and helps them to learn new things"). Seventeen also mentioned the activities or conversations geared toward the mother herself (e.g., "she talks about my problems with me and trys to find a solution for everything"). And one simply stated that the home visitor "brings a happy day."

2. Since the home visitor has been visiting you, do you:

	Yes	No	No Answer
a. Read more to the child?	40	5	3
b. Spend more time talking to the child?	43	4	1
c. Listen to the child more?	47	1	0
d. Play more with the child?	42	6	0
e. Consider toy safety?	44	4	0
f. Select toys that teach your child?	46	2	0
g. Plan for safety in your home?	47	0	1
h. Praise the child for what he has done?	46	2	0

3. Since the home visitor has been coming:

	Sometimes	All the Time	Never	No Answer
a. Does your child listen more to you?	36	10	0	2
b. Is your child following directions?	31	15	1	1
c. Does your child stay with an activity until it is done?	29	11	2	6
d. Does your child feel better about himself?	13	21	0	14

4. The home visitor has talked to me about:

	Yes	No	No Answer
a. My children	47	1	0
b. Cooking	32	12	4
c. Money	32	13	3
d. Welfare Office	43	4	1
e. Medicaid	41	5	2
f. School	40	7	1
g. Public Health Office	42	4	2
h. Social Security	16	28	4
i. Insurance	16	28	4
j. Crippled Children's Fund	15	30	3
k. Vocational and technical schools	18	23	7
l. Services for emotionally exceptional children	15	27	6

5. Before I talked with the home visitor:

a. My children had seen a doctor.	45	1	2
b. My children had seen a dentist.	19	27	2
c. My children had all their shots.	19	26	3
d. My children had been screened.	16	29	3
e. My children's vision and hearing had been checked.	23	25	0
f. I was on food stamps.	27	19	2
g. I knew what consumer protection was.	16	29	3
h. I knew about legal aid.	30	17	1
i. I knew about mental retardation centers.	22	23	3
j. My children had been to speech and hearing clinics.	9	35	4
k. My children had been to an eye clinic.	9	35	4

	Yes	No	No Answer
l. I knew about supplemental income for the elderly.	15	28	5
m. I knew about vocational rehabilitation.	17	26	5

Which services do you now use since the home visitor has been coming to your home?

Most of the responses mentioned medical facilities such as health departments, well-child clinics, dentist and family planning clinic. Other services listed were food stamps, welfare department, housing project people, Head Start and legal aid.

6. Does your child learn something each time the home visitor comes to your house? Please list some of the things your child has learned.

A wide range of learned activities was offered, including those to stimulate cognitive, motor, social, hygiene and self-help development.

	Some-times	Most Times	Never	No Answer
7. Does the home visitor explain to you the purpose of each game or activity he/she brings into your home?	1	46	0	1
8. Do you think the home visitor enjoys his/her visits and his/her work?	0	47	0	1

	More Often	Less Often	Same	No Answer
9. Would you like the home visitor to come to your home?	18	0	25	3

	Some-times	Most Times	Never	No Answer
10. Does the home visitor encourage you to continue the games and activities after he/she leaves?	5	38	3	2
11. Do you continue to play the games with your children after the home visitor leaves?	10	36	2	0
12. Does the home visitor talk to you about what your child is learning?	5	43	0	0

	Yes	No	No Answer
13. Does the home visitor give you first aid information?	27	16	5

	Yes	No	No Answer
14. Would you feel good about asking the home visitor to help you find:			
a. A hospital	41	5	2
b. A doctor	39	6	3
c. The fire department	37	7	4
d. The police department	37	7	4
15. Does your child have:			
a. Regular mealtimes	44	4	0
b. Regular bedtime	37	10	1
c. A place to eat	48	0	0
d. A place to sleep	48	0	0
16. Would you feel comfortable talking about the difficulties of keeping children clean with the home visitor?	38	7	3
17. Does your family eat:			
a. Meat	48	0	0
b. Milk	48	0	0
c. Fruits	48	0	0
d. Candy	47	1	0
e. Turnip greens	42	6	0
f. String beans	46	2	0
g. Coke	46	1	1

Section B

1. How do you feel when the home visitor is in your home?

All responses to this question were postitive. Some examples are as follows:

"I think of her as a close friend."

"Like I have someone to talk to."

"I feel that she will help my children."

"Cool, calm and collected, as well as important."

"If the house is clean, I enjoy her being here."

"She helps me not to feel sorry for myself."

2. Since the visitor has been coming to your home, are there things you and the rest of your family do now with your child(ren) that you did not do before?

Most parents responded with a simple "yes" (36 replies) or "no" (six replies). Several mentioned that they read or play or talk more with the children. Others mentioned that they try to repeat the learning activities between visits.

3. Are there things that you would like the home visitor to change in his visits? If so, please explain.

As in question No. 2, most responses did not go beyond a "yes" or "no," with the only 4 "yes" answers, each requesting that the home visitor come more often or stay longer.

4. How does your child show you how he feels toward the home visitor and the visit?

Some answers include:

"They meet her at the door, always glad to see her."

"He cries when she's not coming or when he has to go somewhere else on that day."

"Happy when she comes, but kind of shy."

"They hug on her and stay right under her all the time she's here."

5. How do you feel about having a home visitor come and visit you?

Similar to question No. 1, all responses were very positive, some indicating their pleasure at having someone to discuss their own problems with, and some stressing the value to their children.

6. In what ways has the home visitor been a service to you?

One response to this question was "none," but all others were enthusiastic and positive. Fourteen of the answers included transportation services, often to a health facility. Most included some direct service to the children. Some specific responses were:

"She is good about taking me to the clinic when the baby has to go or when I have to go, and she's good about reminding me of appointments."

"He helped me to learn how to cooperate with my children."

"Helping me to take more interest in life."

"Told me of services that I didn't know about; taught me things about my child that I didn't know about."

"She helped me to find out what was really wrong with my child after a year of not knowing. She gave me hope for the future."

"She's always there when I need her and I can call her at any time."

7. Have you learned new ways to work with your child(ren)?

Very few parents indicated exactly what new ways had been learned, although all except two gave positive answers. Two specific responses were interesting:

"Yes, letting them do things for themselves instead of my doing it for them."

"Mealtimes are different. We now wait and take turns asking the blessing."

8. What don't you like about this program?

Despite such a blunt question, the respondents refused to cite anything unsatisfactory about the program, except for one who indicated more need for personal help and not just help for the children. Two suggested that the only thing remotely negative was that the visits did not occur often enough.

9. When the home visitor is in my home, I:

a._____ do not feel I am needed to help teach my child.

b._____ help the home visitor teach my child.

c._____ watch and listen while the home visitor teaches my child.

Apparently the wording of this question was unclear and only 20 of the 48 responded. Of these, six gave a positive response to a, 14 to b and 16 to c. Several people checked all three lines in spite of the differences in wording.

Question 10 was more successful in getting parental feelings about their function during the home visits.

10. Do you think you should be present when the home visitor comes? Please state reasons why or why not.

Nine of the 48 responses were negative, with reasons offered such as:

"No, because I think she can take care of them."

"I trust the home visitor with my child and the children don't notice me when she's there."

"No, she knows her job."

The reasons offered for positive responses were basically focused on the desire to learn from the home visitor how to improve their parenting role. Some examples are:

"So I'll learn more about my child."

"Yes, I like to see how she teaches my child so I can do the same during the week."

"Yes, I should be around in case the kids get out of order, and to see how a toy works."

"Yes, to help me do what my kids need to learn."

11. If you were going to give the home visitor a new name for his/her job, what would it be?

Of the 37 responses to this question, 16 used some form of "teacher" as the new job title. For example, "visiting teacher," "visiting home teacher," or "teacher friend." Six others gave the label of "friend" as most appropriate. Other ideas included:

"Superwoman"
"Girl Wonder"
"Smiling face"
"Someone special"
"HELP"

12. What would you do as a home visitor?

The great majority of respondents stated that they would perform the job just like the home visitor has performed it. One answer gave a very descriptive interpretation of what would be involved: "Play with kids, talk with mothers; go crazy."

SUMMARY EVALUATION

The Georgia Outreach Project was a demonstration. It set out to show the feasibility and value of a service delivery system for families of young children which was based in the home and made use of existing social services of the community. Although the setting of the Project was the northern part of Georgia, the approach to services for preschool children and their parents was to serve as an example to all types of communities (especially in rural or semirural areas) that have a need for similar programs.

The overall goal was to enrich the home environment of participant families in order to facilitate positive changes in all aspects of family life: child development and education, health, nutrition, interpersonal relationships, home management, parenting practices and the use of supportive services provided by the community for its citizens. The fundamental strategy selected to meet this ambitious goal was to show parents how to maximize their own strengths in order to create a positive environment for their own families.

How successful has the Project been? This section discusses the strengths and the weaknesses that have been experienced by the Project over its year and a half of actual service delivery. It is hoped that this review will be useful to all who consider using a similar approach to meeting families' needs.

The Outreach Approach: Pros and Cons

Traditionally human services have been provided by community agencies to which families go upon identifying their specific needs, whether they be in health, education, counseling, financial assistance or housing. Services to young children fall within this tradition: if parents sense a problem, they seek out the agency which provides services to alleviate that problem. An outreach approach, on the other hand, somewhat changes that procedure by sending a representative of the service community (a home visitor) directly into the home to provide direct services (early childhood education for the children and informal counseling for the adults) and to facilitate the use of existing services to meet other needs.

There are several strengths inherent in this type of service delivery system. It allows a high degree of flexibility for providing a service package that addresses all the family's needs according to the unique combination of those needs and the specific realities of that particular family. Rather than seeing each member of the family as an individual with individual needs, this approach sees the interrelatedness of all family members and their needs. Another positive aspect is the capacity of this type of program to utilize family strengths, to acknowledge the parents' ability to function as the primary influence in the lives of their children, thus strengthening family roles and responsibilities.

Because outreach uses the home as its center of service delivery, there is a high potential for affecting the entire living environment—not only to solve current problems but also to stimulate changes which will prevent or minimize future ones. The personal rapport possible between home visitor and parent creates a mutual trust that allows for indepth analysis of how the home

environment can be improved; the two became partners in seeking solutions, as opposed to someone who has no answers and someone who has all the answers. Such an arrangement also allows for great creativity and flexibility within the job description of the home visitor.

The characteristic of staff flexibility can however, be considered by some as questionable on the list of positive features. A relatively independent staff with a great degree of autonomy to make day-by-day work decisions can become a negative feature if the staff is not carefully chosen and trained. An outreach project must include a supervisory structure which can monitor the operations of each staff person in such a way as to allow him or her maximum freedom to make necessary decisions while also maintaining overall quality controls on staff performances.

With regard to addressing the needs of young children, outreach's home-based approach gives the home visitor a good chance to see the child in his or her own environment,. to have a chance to observe closely his/her developmental, health and educational needs, and to show parents the exact ways in which they can assist in their childrens' healthy growth. A specific curriculum geared to each child is an important benefit of the outreach style.

Another strength of this approach is its tendency to make other family services more accessible, more utilized by low-income families who might not otherwise take advantage of them. This makes the entire service delivery system of a particular community stronger and more deserving of public or private financial support.

Negative features of the outreach approach must also be mentioned. Family services must support—not destroy—family values. One of the primary drawbacks of an outreach service is its potential for disrupting and casting value judgments on a family's lifestyle or cultural traditions. Improving the home environment must carefully avoid working toward narrowly defined, white middle-class standards of behavior and parenting. On the other hand, there is also the potential pitfall of becoming so emotionally involved with a family that its faults or problems are not kept in perspective. To view serious problems or negative living conditions as quaint or colorful is not helpful to anyone.

In situations where families are isolated and neither the children nor the parents have opportunities to develop skills of social interaction, the outreach approach is not able to provide an ongoing way to meet this need. Similarly, for children who might have a need for daily reinforcement of learning activities in order to develop strong cognitive skills, outreach has limited value unless the parent is diligent about repeating on a day-to-day basis the activities presented by the home visitor during his/her weekly visits. Thus the positive aspect of placing more responsibility for a child's early learning on his/her parents can turn into a negative aspect if the parents are not ready to take that responsibility.

One of the greatest limitations of an outreach project is that it is of little use to working mothers unless another adult is in the home to care for the children. This limits its applicability to persons on welfare or two-adult families where one is working and one is at home. Compared to center-based child development

projects, the home-based outreach project has a number of benefits. The following comparisons are documented in an evaluative study of the Home Start Project (a program similar to the Outreach Project) carried out by High/Scope Laboratories and Abt Associates over the past two years.[4] As part of that study, Home Start is compared to Head Start in several different aspects. In areas of school readiness, physical development, social-emotional development, medical services and cost, the two are of comparable strength. In use of home learning materials, mother-child relationship, mother playing a teacher role and participation in community groups, Home Start was found stronger. These findings seem to be applicable when comparing Head Start to the Georgia Outreach Project.

Goals For Children

The Outreach Project proposal cited several goals for children, including specific areas of health and nutrition, development and home environment. During Project operations some progress was made in each category, although perhaps not as much as was desired.

Meeting health and nutrition goals for the children in the Project depended to a great extent on which county is looked at. Some county health departments are very active, very cooperative and well-staffed enough to provide top quality service, while others are unable to provide even minimal services. In most cases health screening was given to nearly all of the children the home visitor worked with, although this screening process was often very superficial. Dental screening was not provided except in a handful of cases.

Health conditions and attitudes among Project families were disturbing but not critical. With the exception of poor dental conditions, some anemia and general susceptibility to colds, the great majority of children and adults were not in poor health. Neither was the nutrition level as inadequate as originally predicted. Families, in most instances, were indeed concerned about health, especially their children's, although some traditional taboos and fears still existed which kept people away from modern medical facilities.

Perhaps the basic impact to the Project on the health of participant families consisted of: 1) the referral and transportation services provided on many occasions, and 2) the increased level of expectations in a number of families regarding the health services they now see as their right and not a privilege for the wealthy. Impact on the nutrition and eating habits of the families was minimal because they were not seen as high priority needs by families or the home visitors.

Achievement of goals set for the area of child development has varied from family to family. Some progress toward more age-appropriate skills in motor, cognitive, language, social-emotional and self-help areas was observed in most children, although the definition of "age-appropriate" and the measurements used were both quite vague and subjective in nature. In the two areas of development identified as having the most problems—language and social

[4] *Home Start Evaluation Study: Executive Summary: Findings and Recommendation*, October, 1974, (Interim Report V).

development—progress was reported by most home visitors. Perhaps the most important measure of success in the area of child development was the increased level of home learning activities shared by mothers and children, an indication of a belief that important learning can take place at home, and parents are the primary teachers of their children. With such an attitude, natural development and learning will be stimulated by the overall positive learning environment surrounding each child.

Impact of the Project on the children's general home environments was noticeable on the personal side, negligible on the physical side. Interpersonal communications were reported to have shown significant improvement: mothers were spending more time with their children and the interactions were on a more positive level. Most mothers have come to see themselves and their roles as more important than they seemed to feel at the outset of the home visits.

The severe limitations of poverty and powerlessness meant that in spite of this slightly improved attitude about self and family, aspirations for the future, ability to cope with problems and the realities of substandard housing conditions were influenced only slightly by the Project. It can be maintained, however, that over the coming years these aspects of the families' living environment will also show improvement because of the positive changes begun on the personal and interpersonal levels.

Goals For Parents

One of the overall goals of the Project was to influence the home management and parenting practices of participant parents. An important part of this goal was to help parents feel good about themselves in order to achieve positive approaches to their family obligations. Actual changes seen in either parental behavior or attitudes have been frequent, if not substantial. Taking into account the tenacity of family and cultural traditions in this aspect of life, plus the problems caused by constant economic limitations, the small improvements which were documented take on more importance.

As mentioned above, all but a small minority of participant mothers indicated in some way a new understanding of their role as teacher and protector of their children over and above their caretaker role. This is an initial and necessary step toward creating a stimulating home environment that will assist the children to reach their highest potentials.

The specific goals for parents identified in the Project design were met to a greater or lesser degree in most families. Mothers were given information and counseling about various aspects of health, nutrition, child development and home learning activities. Information about community services for children and families was also shared. Mothers have begun to show more initiative and confidence to avail themselves of those services, thus assuming more active responsibility for the well-being of their families.

Several parents have undertaken specific actions which demonstrate a meaningful change in their lifestyles, e.g., arranging for enrollment in education programs, seeking jobs or job training opportunities, becoming involved in community activities such as the PTA or a church group and similar kinds of

activities. Needless to say, the long-range benefits of such decisions cannot be measured at this time. For purposes of evaluation, it can be stated that the decisions themselves indicate that a positive effect has been realized.

Although not cited as an original goal of the Project, preventing child abuse became an important concern for several home visitors in their work with parents. Actual cases of abuse only occurred in two or three families out of the total group in the Project; however, in a number of situations the home environment seemed so full of tension, anger or frustration that the possibility of abuse seemed real. In one particular instance, the home conditions were such that the home visitor began making daily rather than weekly visits in order to help the mother cope with some critical problems which had upset the normal family balance. She also made herself available by phone on a 24-hour basis.

In a number of other instances, the general counseling and informal discussions between home visitor and mother provided a way to identify problems before they reached the point of severe frustration or possible violence. Many mothers were assisted to articulate the things they felt they couldn't cope with by simply having someone there to listen and offer suggestions. This activity is impossible to measure or even to describe since it was so interwoven with other activities throughout the weekly visits. However, in spite of a lack of statistical evidence, the descriptions of family interactions offered by home visitors seem to clearly indicate the vital role which they were able to play in reducing the potential for child abuse--whether physical or psychological--by their work with parents.

Goals for Communities

The Outreach Project sought to maintain strong working relationships with its host communities for two important reasons: 1) the support and cooperation of community agencies was essential for meeting the needs of participant families, and 2) because the Project was designed as a two-year demonstration, the interest of the community as a whole was vital in order to establish ongoing family services based on the principles tested during the Project tenure. Working relationships were also maintained with agencies at the state level and with the national office of the Day Care and Child Development Council.

At the local level, home visitors and district supervisors worked closely with the Family and Children Services Offices, food stamp offices, medical/dental clinics, family planning services, health department services of all types, local churches, social and professional clubs and associations, special services groups (such as crippled children's homes, etc.), vocational and technical schools, community colleges, public schools, county agricultural and extension services and civic groups. In addition, contact was established with the town and county elected officials and administrative officers, especially those relating to housing and sanitation, education, welfare and public health. Local news media were often contacted by the Project as a way of educating the public about its objectives and activities.

An equally important type of community interaction was participation--and sometimes leadership--in local child advocacy groups. Several home visitors and

district supervisors took active roles in district child care councils, community child welfare organizations, ad hoc committees to support specific children's programs, and other such groups at the town or the county level. In addition to their own participation, the home visitor often encouraged the mothers they were working with to also take part, thus helping them to become more vocal in their own advocacy roles in support of quality services for young children.

Another aspect of community work was the exchange of training expertise. Several home visitors, as well as the district supervisors and Project director, carried out training sessions with local children's organizations, including day care centers and other component projects of ACCP. They also were asked to give classes and participate in short-term seminars for early childhood education or social work courses at local colleges. Likewise, representatives of these other organizations, projects and schools provided input to ongoing training of the Outreach home visitors. These periodic activities helped a great deal to build a strong cooperative feeling among the various groups in each community who worked with young children. In one of the counties, a home visitor had been for a number of years interested in child care for her small community. The community group had tried on several occasions to get day care for their town. With the help of the home visitor and two national Vistas, a Saturday program for the children in the community was implemented in the local church and was fairly successful. The home visitor writes, "suffering from the past we were only able to pick up a few of our interested citizens. It was our hope that the Saturday morning class would prompt our community to ask for and work toward getting a day care center."

Recently the community received word that the Save the Children Federation had accepted its request and plans to implement a comprehensive family program for children and adults.

In the great majority of instances, community response to the Project was very positive. The home visitor was viewed as performing a valuable, if sometimes hopeless, service to families often overlooked by welfare agencies. Even people with basically negative attitudes about the welfare system and recipients in general expressed favorable comments about the Outreach work. In communities where the home visitors were white and many of the participant families were black, some situations (such as an integrated field trip) brought surprised reactions from white residents, but no actual hostility was experienced.

Within the community agencies, in spite of frequent frustration over red tape and bureaucratic procedures, a high level of cooperation was enjoyed by most home visitors. Case workers, public health nurses, county extension agents, sanitation inspectors and other workers were willing to share information and offer assistance regarding Project families. Although their own agencies might not be able to meet the needs of the families because of service guidelines or overloaded staff schedules, many of these supportive people were very open to providing special services just because the families were involved in the Project. It can only be hoped that similar concern will be continued after the Project staff are no longer acting as advocate-liaisons.

Home visitors and district supervisors seem to have done a commendable job

of "selling" the Project to their communities. This was one of the primary reasons why the basic services begun during the demonstration will be continued in most of the target counties through the existing services network after termination of the Outreach Project.

On the state and national levels, the Outreach Project also enjoyed the respect of agencies with which cooperation was maintained, including the Georgia Appalachian Child Care Project and the Day Care and Child Development Council. In both instances, cooperative contact was basically centered around information-sharing, occasional training sessions and regular programmatic and fiscal reports. The staff of the Outreach Project often exchanged ideas with the other two outreach components of the ACCP, the Georgia Mountains and Coosa Valley Outreach Programs. Although each component had its own specific objectives, the general goals and many of the operational strategies, problems and needs were the same.

By sharing descriptive information about the Project as it unfolded, the central office staff of the Outreach Project has been quite successful at maintaining coordination and cooperation with these other segments of the child development-family services community. It has thus been able to show that the outreach model is a viable alternative to providing for the service needs of young children and their parents.

APPENDIX

On the following six pages are examples of some forms used by the Project.

GEORGIA APPALACHIAN PROJECT

FAMILY INFORMATION AND SERVICE PLAN

Name of Mother _____ Age _____ Birthdate _____

Children in Family:

Name	Nickname	Age	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Adults (16 or older) in Household:

Name	Relationship to Mother	Age	Birthdate
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____

Address or Location of House _____ County _____

Directions to House _____

Phone number _____ Closest Phone (if none at home) _____

Agency Contacts:

Welfare: ____ AFDC (Case Worker: _____
____ Food Stamps
____ Other: _____

Health: ____ Screening and testing: Most recent date _____
____ Shots: Most recent date _____
____ Family planning

Other _____

_____

Date of Initial Visit _____

Home Visitor _____

Family Information and Service Plan, Page 2

General Conditions:	Good	Needs Observation	Needs Assistance	Comments
Health of children				
Health of adults				
Nutrition/Food supply				
Physical development (children)				
Cognitive development (children)				
Emotional status (children)				
Emotional status (adults)				
Condition of house and yard				
Use of available services				
Family interaction				

Other comments or problems:

Family Service Plan

Overall objectives:

General plan for reaching objectives:

HOME VISIT ACTIVITY PLAN AND EVALUATION

HOME VISITOR_____ MOTHER_____

CHILD_____ AGE_____

DATE_____ TIME_____ VISIT NUMBER_____

OBJECTIVES:

MATERIALS:

ACTIVITY PROCEDURE:

FOLLOW-UP ON LAST VISIT:

RESPONSE TO ACTIVITY:

HOME ASSIGNMENT:

EVALUATION OF VISIT

SOCIAL SERVICES REFERRAL REPORT

GEORGIA OUTREACH PROJECT

DATE_____ FAMILY_____ HOME VISITOR_____

1. CATEGORY: Housing ( ) Education ( ) Legal ( ) Financial ( ) Clothing ( ) Nutrition ( ) Family Planning ( )
   Dental ( ) Mental Health ( ) Pre-natal ( ) Adult Medical ( ) Child Medical ( ) Other ( ) _____
2. SPECIFIC PROBLEM: _____
3. IDENTIFIED BY: Parent ( ) Home Visitor ( ) Other ( ) _____
4. NO RESOURCE AVAILABLE TO HANDLE PROBLEM ( )
5. REFERRED TO: _____ ADDRESS: _____
6. ROLE OF HOME VISITOR: Provided information only ( ) Provided transportation ( )
   Arranged appointment ( ) Took part in appointment ( )
   Other ( ) _____
7. RESULTS AND FOLLOW-UP:

CONTACT & MEETING REPORT

OF

GEORGIA OUTREACH PROJECT

NAME_____POSITION_____

DATE_____PLACE_____

CONTACT BY: LETTER_____TELEPONE_____CONFERENCE_____

INCOMING_____OUTGOING_____

NAMES OF THOSE IN ATTENDANCE ORGANIZATION OR AGENCY REPRESENTED

PURPOSE:

IS THIS A FOLLOW UP? YES___NO___

IF "YES" DATE OF PREVIOUS CONTACT_____

RESULTS:

ACTION TO BE TAKEN:

GEORGIA OUTREACH PROJECT
Day Care and Child Development Council of America

Monthly Report on Families Served

Report Period_____to_____County_____

Caseworker_____Home Visitor_____District Supervisor_____

FAMILY	CHILDREN (0-6 yrs.)	ELIGIBILITY (CURR. PAST OR POTENTIAL AFDC)	VISIT DATES	COMMENTS